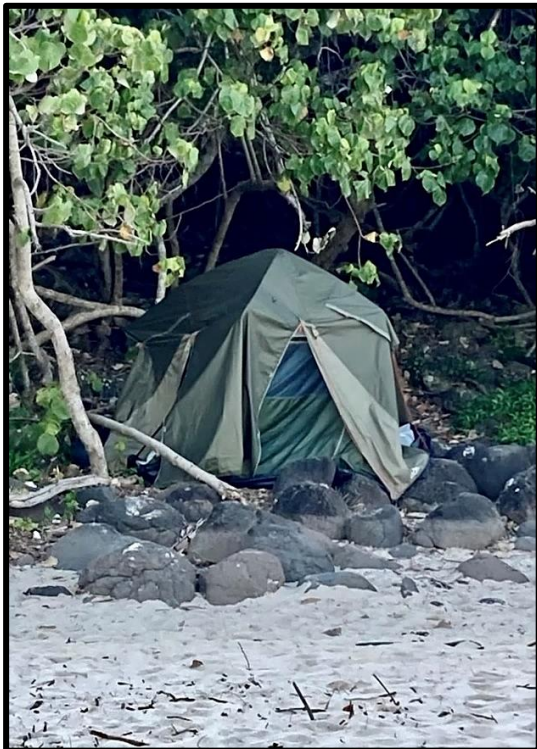


No Going Back

An evaluation of the Assertive Outreach Pilot to House People Sleeping Rough

Gregory Peel Smith and Barbara Rugendyke



Photos: Barbara Rugendyke

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ACRONYMS

AO	Assertive Outreach
AOP	Assertive Outreach Pilot Program
COVID-19	Novel coronavirus SARS-CoV2
DCJ	Department of Communities and Justice
DCJH	Department of Communities and Justice Housing
HOST	Housing Outreach Support Team
HHOT	Homeless Health Outreach Team
LHD	Local Health Department
NCCH	North Coast Community Housing
NGO	Non-Government Organisations
NSW	New South Wales
SHS	Specialist Houselessness Services
SPDAT	Service Prioritisation Decision Assistance Tool
TA	Temporary Accommodation
VI	Vulnerability Index

ACKNOWLEDGEMENTS

This qualitative evaluation of the Assertive Outreach pilot in the Local Government Areas of Newcastle and Tweed was funded by the NSW Department of Communities and Justice.

First and foremost, we acknowledge the pain and trauma experienced by the people experiencing the challenges of sleeping rough in the two geographical locations for the Assertive Outreach pilot program and thank them sincerely for deciding to contribute to the project, often under difficult circumstances. Without these contributions, the voices of the people the program was designed to support would not be heard.

Other significant contributors to the Assertive Outreach pilot evaluation are staff of:

The Newcastle Assertive Outreach team

The Tweed District Steering Committee

Social Futures – Tweed

Momentum Collective – Tweed

Saint Vincent de Paul, Fred’s Place – Tweed

Department of Communities and Justice Housing Team – Tweed District

Department of Communities and Justice, Commissioning and Planning – Tweed District

Department of Communities and Justice, Commissioning and Planning – Hunter New England District (Newcastle)

Department of Communities and Justice, Housing – Hunter New England (Newcastle)

Department of Communities and Justice, Assertive Outreach Team – Hunter New England (Newcastle)

Northern Rivers Local Health District



Photo: Barbara Rugendyke

EXECUTIVE SUMMARY

The factors which cause people to experience rough sleeping or homelessness in Australia are complex and multifaceted; so too are possible solutions. In 2018, the New South Wales State Government published its *NSW Homelessness Strategy, 2018 – 2023* (2018), with the overall goal:

... by working together with our non-government organisation partners and across government we will create a system that is able to prevent and respond more effectively to homelessness. Only by creating an effective system that recognises the complex nature of homelessness and responds holistically can we help break the cycle of disadvantage and support people to live happier more secure lives. (NSW Government, 2018)

The Assertive Outreach Pilot (AOP), implemented in 2019 in the two regional areas of Newcastle and the Tweed, is an integral part of that Strategy.

The evaluation which represents the substance of this report adopts a formative, developmental evaluative methodology to explore impacts and outcomes of the Assertive Outreach Pilot. Its intent, in part, was to provide real time feedback throughout the evaluation period to inform process; it enabled an iterative approach to ongoing refinement of the AOP, enhancing its capacity to best meet the needs of those it seeks to serve.

Most importantly, this report, the outcome of that evaluative process, allows the voices of many of the rough sleepers who were offered support by the Pilot to be heard. Thirty-five of these people volunteered to participate, willingly sharing their stories: stories of the circumstances which led to them sleeping rough, of their experience of life without a house to live in, of engagement with the Assertive Outreach Pilot and of the ways in which that engagement has changed their lives.

This report also presents the reflections of twenty staff active in implementing the Assertive Outreach Pilot across Newcastle and in the Tweed region. The information gleaned from frank discussions with them about the roll out of the Pilot, of its strengths and weaknesses, of efforts to improve their practices and those of the AOP, in order to best support vulnerable people, demonstrate deep, reflective practice on the part of most of those engaged in its delivery.

It is rare for any service delivery to be able to ensure all participants are satisfied with outcomes. The Assertive Outreach Pilot is no exception. A minority of the people newly settled in houses have found their new circumstances do not work for them, either because the material condition of the houses supplied do not suit their physical needs, because of the culture or behaviour of other residents who are their new neighbours, or because the dwelling is not in a locale which enables them to remain connected to known services providers, friends, family and community.

For many though, the Assertive Outreach Pilot has successfully provided them with a home. For some, one of whom described himself as 'stunned' at being offered a house in which to live, it is the first time in life they have enjoyed the security and safety of having a permanent place to live, a place to become a home. For many, this opportunity arose after living lives long beset by difficulties and deprivation; having a home has been transformative, empowering people to address many of the other challenges in their lives. One person, having spent his entire life sleeping rough and itinerant, summarised simply both his gratitude for the AOP and attitude as to how the program could be improved: "I can't talk ... I am too emotional. Ah, there should be more of it. Like, there just should be much more of it".

For the authors, conducting this research has been a privilege and, at times, an emotional journey. Our gratitude to those who have generously shared of their experiences and wisdom about the Assertive Outreach Pilot runs deep. We have learnt much, not only for this formal evaluation. We have been personally enriched as individuals have recounted experiences of lives gone awry, of transformation and of hope. This is their story. Its telling would not have been possible without the courage and candour of those who volunteered to share of their circumstances.

It is the contention of the authors that the life transforming work of the Assertive Outreach Pilot, with ongoing refinement based on the recommendations arising from the research reported herein, and further integrated developmental evaluative processes, should continue. With greater funding and longevity, expansion of the model of delivery to other parts of the state and beyond will offer vulnerable people the opportunity to belong in their communities, with the stability and security afforded by having a place to call home.

Gregory P. Smith and Barbara Rugendyke

November, 2021

ABOUT THE AUTHORS

Dr Gregory Peel Smith

Dr Gregory P. Smith is an academic and social researcher in the Faculty of Business, Law and Arts at Southern Cross University. Gregory completed a doctorate in 2016; its focus was the Forgotten Australians and social justice, and the historical and contemporary issues impacting that population, including challenges for their participating and engaging in community. In 2018 he published his memoir *Out of the forest* with Penguin Random House which continues to have an impact on homelessness and other social issues. In August 2021, a TEDx talk was released in which Gregory highlighted issues related to mental illness and homelessness.

Gregory has served on the Board of Anglicare North Coast, was a foundation member of Vocieup Australia and served as the Chair of the Wattle Place Consultative Forum representing Forgotten Australians in New South Wales. He is a consultant for several committees, organisations and councils on issues of homelessness and vulnerability, and serves on the New South Wales Government Steering Committee on homelessness and vulnerability.

Dr Barbara Rugendyke

Dr Barbara Rugendyke is currently an Adjunct Professor at Southern Cross University (SCU). A Human Geographer with extensive experience in qualitative research, Barbara's academic career encompassed teaching and research focussed on the reduction of poverty and improving livelihoods in less advantaged nations and communities. Employing participatory methodologies in cross cultural contexts within Australia and internationally, her grounded research has focused on sustainable community development, the practices of non-government organisations and impacts of their work, along with the advocacy of NGOs. Barbara has published widely. Recent research includes evaluation of the impacts of services designed to support people sleeping rough in northern NSW, along with collaborative award-winning team work with Anglicare North Coast (and two other academics) to document and evaluate outcomes of programs designed to improve the circumstances of culturally and linguistically diverse women in regional communities.

Barbara's career included service as Dean and Head of School of Arts and Social Sciences at SCU, Head of School of Arts and Sciences at the Australian Catholic University, Dean of Graduate Studies at the University of New England and included extended service as member and Chair of a Human Research Ethics Committee. Barbara has served as non-executive director on a number of boards, including Oxfam Australia and Emmanuel Anglican College. Through Social Change Research Consulting, Barbara currently enjoys conducting research focused on evaluating programs and services designed to support vulnerable people. Barbara volunteers for a non-government service which supports people sleeping rough in the Northern Rivers region of NSW.

PRELUDE

Although commonly used in the media and elsewhere, the use of the term 'homelessness' is problematic. What constitutes a 'home' is contested and the lack of a house to provide shelter does not necessarily mean that a person does not have somewhere, a place, they call home.

The Australian Bureau of Statistics recognises definitions of homelessness as being:

... culturally and historically contingent. They range from limited objective measures which conflate homelessness with rooflessness to more equivocal subjective definitions founded on culturally and historically determined ideas of 'home' (ABS 2012). The ABS definition of homelessness is informed by an understanding of homelessness as 'home'lessness, not rooflessness. It emphasises the core elements of 'home' in Anglo American and European interpretations of the meaning of home as identified in research evidence (Mallett, 2004). These elements include: a sense of security, stability, privacy, safety, and the ability to control living space. Homelessness is therefore a lack of one or more of the elements that represent 'home'.

This definition is intended when referring to homelessness in this document wherever the authors have used the term. The NSW Department of Community and Justice though refers to people who are sleeping rough or street sleeping rather than using the term homeless. The wisdom and appropriateness of this view was affirmed as one person interviewed for this evaluation reflected on the state of being 'houseless': "We don't like being homeless, it is not a nice word to use. We were houseless but, when we are together, we have got a home" (THC14).

The definition of people sleeping rough used by the Assertive Outreach Pilot which was the focus of this report refers to 'people sleeping rough 16 years of age and over. People sleeping rough are defined as people sleeping or bedding down in the open air. This includes the streets, doorways, parks, but shelters, tents, buildings, cars and any place not designed for habitation.' (Definition supplied in email by DCJ staff, 2021).

Some of those sleeping rough have a sense of place or somewhere they regard as home, albeit that it may be a van, a campsite or another place where they reside. For others, sleeping rough is a cruel hand they have been dealt in life, deprivation to be endured, and they have no place to call 'home'. Amongst the sample of those whose stories were willingly shared with the authors in undertaking the research which forms the substance of this report, this spectrum was represented.

HOMELESSNESS IN AUSTRALIA

Homelessness is a complex social problem in Australia. Causes of homelessness are varied and, historically, policy responses have been inadequate. As researchers, policy makers and service providers seek to understand more fully the causes and consequences of homelessness, the issue has increasingly become the focus of research (Chamberlain et al., 2014). Efforts to explore and develop appropriate policy and practical responses to this phenomenon have grown, with new initiatives accelerated recently in response to the threat posed by the COVID-19 virus in Australia and globally.

A strong focus of research has been on pathways to homelessness, in hope that these can be addressed to reduce growth in the numbers of people rough sleeping or surviving without a home. These causes of homelessness include poverty (Sharam and Hulse, 2014), health and mental health issues (Spicer, et al., 2014), domestic violence and family breakdown (Peterson and Parsell, 2015), the escalating cost of housing (Ong and Wood, 2018) and imprisonment. Youth homelessness has received special attention, with a range of factors contributing to this, including familial issues, school related issues, pregnancy and the desire for adventure and freedom (Rosenthal et al., 2007).

In Australia, recent bushfires, resulting in loss of homes, were recognised as contributing to homelessness (Farrow-Smith and Marciniak, 2019). The unprecedented escalation of real estate values across Australia over the past year, along with under or unemployment, fuelled by unique economic circumstances associated with the COVID-19 pandemic, has displaced people who can no longer afford accommodation. These trends have increasingly been the focus of media attention (Leser, 2021).

In a five-year period to 2019, homelessness in Australia increased 13.7 per cent (Homelessness Australia, 2019). From among the states and territories, between 2011 and 2016, the largest increase in the number of people reporting as homeless occurred in New South Wales, where the homeless rate increased from 40.8 to 50.4 persons per 10,000 (Dobson and Montoya, 2018). In the state of New South Wales, 20 per cent of people reported as homeless in the last census lived in the Northern Rivers region, which is inclusive of the LGAs of Ballina, Byron, Clarence Valley, Richmond Valley, Kyogle, Lismore and Tweed (Burke, 2017). According to the Australian Bureau of Statistics, on Census night in 2016, 1,494 people across these LGAs were homeless, an increase of 194 persons since the 2011 Census. In 2016, this represented 51.5 persons per 10,000 of the population (NCOSS, 2019). At the same time, nearly as many people – 1,370 – were found to be living in marginal housing, including in caravan parks (ibid.). Comparatively, in the 2016 Census, Newcastle had 500 homeless people or 70.3 persons per 10,000 of the population. This is an increase of 12.6% on the 2011 Census data (Australian Bureau of Statistics, 2018).

People experience homeless and street sleeping are among the most vulnerable people in Australia. They often have high rates of health problems, mental disorders, trauma, cognitive impairment, suicide and other premature deaths. This contributes significantly to social and financial debt across all states and territories of Australia.

Causes of homelessness are multidimensional; the homeless are not passive victims of those circumstances, and should not be denied the possibility of agency (Somerville, 2013). In support of vulnerable people who are unable to afford or access housing through the market place (Johnstone et al. 2016, Haurault and Johnson, 2016), attention has been focussed on appropriate service provision. This has including tenancy support (Zaretsky and Flatau, 2015), access to food, laundry facilities and bathrooms (McKay and McKenzie, 2017) and supply of other support services. Housing provision for those whose circumstances do not allow them to access housing remains a priority. However, low supply of social housing with difficulties of allocation of housing, particularly for those who are most vulnerable or may lack capacity to navigate the complexities of application for housing, remain critical issues.

POLICY RESPONSES IN NEW SOUTH WALES

In many parts of New South Wales (NSW) the service system has not been working for people experiencing street homelessness or rough/street sleeping. There is a growing recognition that it is time to better understand and support people sleeping on the street into long-term housing and link them to the supports they need.

Since 2017, a Housing Outreach Support Team (HOST) has been operating in Sydney. This has been in collaboration with homelessness services, local government, NSW Health and the NSW Police Force. Together they have assisted more than 500 people to transition from street sleeping into long-term housing. The NSW Government also funds Neami's (a community organisation supporting mental health and well-being) Way2Home assertive outreach service and a number of other services

around NSW which provide outreach services to people experiencing rough sleeping, as well as other housing-based projects.

Broadly, an Assertive Outreach (AO) is a street-based outreach model which engages caseworkers to actively approach potential clients on the streets and offer support related to accommodation and services. Whilst approaches vary, a multidisciplinary focus is often seen as central to the model achieving its aims (Phillips & Parsell, 2012). Key staff may include specialist case workers, housing workers, psychologists and mental health clinicians, general practitioners, legal representatives, drug and alcohol clinicians and registered nurses.

THE ASSERTIVE OUTREACH PILOT IN NSW

Following success in various jurisdictions (Phillips & Parsell, 2012) and the positive experience of the inner-city Sydney HOST, the New South Wales Department of Community and Justice (DCJ) commissioned an Assertive Outreach Pilot (hereafter AOP). The Pilot was implemented in Newcastle and in the Tweed region, commencing in early 2019. The AOP is part of the broader NSW State government strategy to address homelessness, outlined in the *NSW Homelessness Strategy, 2018-2023*. (NSW Government, 2018)

The two sites selected for the AOP differ significantly in terms of their geographical position in NSW. Although both LGAs are located in coastal regions, both have unique challenges in relation to addressing the complex needs of people sleeping rough.

The Tweed LGA is confined by the border with Queensland to the north. This facilitates an activity colloquially referred to as 'border hopping'. Border hopping occurs when people sleeping rough cross the border between NSW and Queensland to access services such as free food outlets, medical needs and social activities, accessibly through services offered by organisations like Fred's Place.

Fred's Places is a St Vincent de Paul support service and is pivotal for people sleeping rough. It is a drop-in centre which offers many basic needs, including psychological services, a drug and alcohol worker and Centrelink support worker. It is also used as a convenient meeting place for people entering or already engaged in the AOP and for cases workers for special homeless services organisations (hereafter SHS).

In the Tweed LGA, the AOP has contracted two specialist homeless service organisations, Social Futures and Momentum Collective. The organisations work together with Northern NSW Health, DCJ – Housing and DCJ Commissioning and Planning to deliver the AOP. Funding for the AOP has recently been extended.

Improvements in the way people experiencing street homelessness are supported have the potential to improve long term outcomes for those at risk of, or experiencing, all forms of homelessness. Based on learnings from Inner City Sydney, it is understood that responses to support those sleeping rough are most effective when they are driven locally and underpinned by strong partnerships between government, non-government services and the wider community (City of Sydney, 2020).

The Assertive Outreach program is a key initiative to drive achievements of this target. The two geographical locations of Tweed and Newcastle are the two current sites for the AOP.

This report has three major evaluative aims:

- to examine and document how people who sleep rough experience the AOP service,
- to evaluate outcomes for those engaged through the AOP and
- to document staff experiences of, and attitudes towards, the AOP, with a view to refining practice and improving outcomes.

To realise these aims, a number of broad questions were addressed. A sample of these is included in Appendix 1.

METHODOLOGICAL APPROACH

Evaluation design

As described in the Evaluation Framework (DCJ, 2020, p. 4) provided by the Department of Communities and Justice (DCJ), the evaluation design used a formative and developmental assessment approach. The evaluation was intended to collect in depth, qualitative data which would be used to inform future practice and policy, specifically to shape future iterations of the AOP.

Significantly, this evaluation project included two vastly different cohorts. The first consists of those people who work for, or represent, contracted organisations and government agencies involved in implementation of the AOP. Specifically, these organisations include: DCJ – Housing, Local Health District/s (LHD) and Specialist Homelessness Services (SHS).

The second cohort represented are those sleeping rough who have either accepted and have engaged in the AOP program and consented to participate in interviews either face-to-face or in a telephone conversation. A number of people sleeping rough who chose not to engage with the AOP was included.

The evaluation was to have a ‘client-centred lens’, through which to construct an understanding of the journey of program participants through the process of service delivery. The intent therefore was to conduct in person interviews with both program participants and staff engaged in service delivery through the Assertive Outreach Pilot.

Before commencement of the evaluation, a Human Research Ethics Application (HREA) was lodged through Southern Cross University’s Human Research Ethics Committee. Because of the vulnerable nature of some participants in the data collection process and the inclusion of Aboriginal people, a full ethics application proposal was required and approved on 4 September, 2020, prior to the commencement of the data collection process.

On receipt of the ethics research approval number, the evaluation project commenced with the dissemination of invitations to two Specialist Homeless Services (SHS), the AOP patrol teams, relevant government departments in the Tweed and Newcastle, and the recipients of the AO program as well as those who have chosen not to participate. The target date for the commencement of the project was June 22, 2020.

Sample selection

The evaluation process was discussed with team leaders of each service agency who were asked to disseminate 25 invitations in each location at random to people engaged with the AOP, including those currently engaged with the AOP, along with some whose engagement had ended. It was also requested that four of the invitations in each locality be offered to people who were known to have decided not to participate in the AOP. The original evaluation design anticipated interview of a total

of 58 clients. Additionally, the intent was to interview 24 staff across the organisations engaged in deliver of the AOP.

The target date for the commencement of the evaluation was 22 June, 2020. As with much else in 2020 though, the COVID-19 pandemic impacted expected time frames for data collection and deliverables. Lock downs and restrictions meant delays in the ability to commence interviews. Additionally, the research protocol and interview questions were reviewed by DCJ Commissioning and Planning. Approval to commence the interviews was eventually received in December 2020. Given the looming Christmas and holiday period, interviews did not commence until late January 2021.

The interviews

Data was collected in the two sites which were the focus of the Assertive Outreach program, Newcastle and the Tweed area in New South Wales. In all, 55 interviews were completed, involving 58 individuals (three interviews with AOP participants were with couples). Most interviews were conducted in February and March, with some conducted at various times until mid-June 2021.

Of these, 36 interviews took place at Tweed and 19 at Newcastle. At Tweed, 18 interviews were conducted with 19 clients (one interview was with a couple) and 16 staff were interviewed. Two staff were invited to take part in a second interview in June to provide an update of progress of the AOP in the Tweed.

At Newcastle, there were 14 interviews involving 16 AOP participants and four interviews with staff. One Newcastle staff member was interviewed twice. This second interview provided updated information on the delivery of the AOP in that area. Six prospective participants who had originally agreed to be interviewed changed their decision on the appointed day and time and did not participate. Further information about the demographics of the interviewees is included in the report following.

The collection of data was impacted by COVID-19 considerations. Social distancing had to be in place, for instance, and NSW Public Health related restrictions at the time of each interview adhered to. This also meant that a number of interviews were conducted by phone or electronic media rather than in person. The more impersonal nature of a phone conversation generally doesn't allow the researcher to build rapport with participants in the same way; phone interviews tended to be shorter but, nonetheless, rich data was elicited. Those who participated by phone seemed very willing to talk about their experiences.

Although the original intent was to include people who had rejected the offer of entry into the AOP, these interviews were not conducted. The NSW Public Health restrictions in response to the COVID-19 pandemic limited movement, thus restricting access to people sleeping rough who were not engaged with a service and therefore not easily contacted.

From its inception, this evaluation aimed to provide a space in which the voices of those who had been sleeping rough and subsequently housed through the AOP could be heard. The researchers firmly believe that any research designed to improve outcomes and processes for service delivery should actively engage those whom the services are intended to assist. Many extant reports and evaluations use secondary data, quantitative data drawn from records held by service organisations or government departments, or have conducted a few focus groups involving very few program participants. In the experience of the researchers, the most vulnerable are often unwilling to attend group events and speak freely of personal experiences in the presence of others. Some very relevant research has been based on the biographical stories of individuals (Robinson, 2012).

Following extensive discussion about the approach to conducting the evaluation in conversations which included Dr Smith, the Department of Communities and Justice engaged Dr Gregory Peel Smith as the primary researcher. On invitation of Dr Smith, Adjunct Professor Barbara Rugendyke joined the research team to transcribe and analyse the data, draft and co-write this report.

Dr Smith's extensive lived experience of homelessness and of the complexity of factors which contribute to, and perpetuate, that state (documented in Smith, 2018), has direct resonance with the lives of programme participants. It was, from the outset, a requirement that Dr Smith personally conduct the interviews, a time-consuming process, complicated by State Public Health restrictions imposed in order to manage the COVID pandemic, which necessitated extended time frames for the research. The wisdom of this approach to interviewing those who had sought assistance from the AOP is evident in the interview recordings where Dr Smith was able to affirm and recognise the experiences of people; this encouraged them to speak freely. As one commented:

... I find it hard to communicate with people. Unless I feel a connection, in a sense I can't. Like, you are lucky; I feel a connection with you. You have been where I am, so I am happy to talk to you about it. (NCC5)

This connection is evident throughout the interview transcripts where people, without being asked to do so, divulged sensitive information about their life histories, including incarceration, of substance abuse and addictive behaviours, experiences of domestic or sexual abuse, physical and mental health issues and the ravages, for some, of having spent almost their entire life surviving on the streets. These conversations provided valuable insights into, and deeper understanding of, the lived experience of people, particularly of the causes of homelessness, reasons for its continuation and factors which led to engagement with the AOP. Everyone had a story to tell – it was our job to listen and to sensitively share the issues raised by them.

AOP participants

In all, 35 interviews were conducted with AOP participants, consisting of 16 in Newcastle and 19 in Tweed. Participants in the AOP in the two geographical locations of Newcastle and Tweed Heads were provided with information packages about the research by AOP team staff. These included a letter of invitation to participate in the research, a consent form and an information sheet. The latter outlined the intent of the research, interview process, consent provisions and use of the data. Potential participants were assured of confidentiality in the use of data, that they were under no obligation to participate in the research and could choose to withdraw at any time. Given the history of trauma and difficult life circumstances of many participants, details of appropriate counselling and support services were provided to all participants. Those who chose to participate in the research made appointments with the researcher via their case worker or directly with the researcher. Every individual who volunteered for interview was interviewed.

The formal interviews with people ranged from 22 to 48 minutes in duration. Dr Smith spent an hour, or longer, with each person. This was intentional, enabling rapport to be built through sharing of experiences of sleeping rough and to provide opportunity for Dr Smith to discern the vulnerability of individuals prior to commencement of each interview. This included whether people felt comfortable and safe to commence the interviews. This was particularly important for people who have ongoing issues with alcohol and/or drug addiction.

After cessation of the formal interview, time was spent with each person, to debrief and to ensure individuals were not distressed in any way by the interview process. Each individual was provided

with details of support and counselling services which would be available to them at no cost, in case the interview process raised issues or caused them any distress. It is the perception of the evaluation team that those interviewed were pleased to have opportunity to share of their experiences as persons sleeping rough and to have opportunity to provide input into the ongoing work of the AOP.

The majority of interviews with program participants were conducted face to face, at a place chosen by the interviewee. In many instances, people elected to be interviewed in their current home, wishing to show the interviewer the place of residence provided for them. This also reduced the inconvenience of their having to travel to another place. For the interviewer, visiting their homes provided valuable opportunities to view the homes and their surroundings while people described their circumstances.

A number of interviewees, nearly all women, requested to complete an interview by phone. It is possible that the women may have felt more comfortable about participating in person if the interviewer was female. Given the history of violence or sexual abuse, or of troubled relationships with men, which some described, this is not surprising. Women were also underrepresented in the sample of those who agreed to be interviewed (with 13 females interviewees compared to 22 males of the total number of AOP participants interviewed). It is possible that more would have been willing to speak to another woman (and this is indeed the experience of the researchers in conducting research with homeless persons elsewhere, that people were more likely to choose to speak to a researcher of their own gender). However, there are other reasons why the majority of program participants were primarily male, particularly in Newcastle. These relate to the source of referral of individuals to, and to the criteria used for provision of housing through, the Assertive Outreach Pilot. These issues are discussed in further detail later in this report.

Interviews with the 'clients' of the AOP consisted of a number of set questions designed to obtain demographic data, including age, gender identity, preferred language, source of income, whether persons identify as Aboriginal, whether people have experienced any form of out of home care, served in the military and, of course, the number of times and length of times they have spent sleeping rough. Following that, a general exploratory conversation ensued, guided by a number of general questions, designed to encourage each person to describe their point of connection with the AOP, their circumstances at the time of first contact, their experience of the AOP at that time, and since, and their current housing situation. People were encouraged to talk freely about the strengths and weaknesses of the program and to take the opportunity to describe any ways in which the program could be improved to better support others who might benefit from the Assertive Outreach program in future.

Following each interview, the AOP 'clients' who had volunteered to participate were given a \$50 voucher to thank them for their contribution and time. To ensure this did not constitute an inducement to participate in the research, the thank you vouchers were supplied only after all interviews had been arranged.

Interviews were transcribed verbatim, checked and filed. A code was used to protect the identity of the research participants. They were asked to refrain from using names in conversation, to protect the identify of others as well as their own, in seeking to ensure confidentiality. Assurances of confidentiality, in keeping with ethical research practices, encourage people to speak freely. Concurrently with transcription, interviews were analysed, emerging themes noted, and sections of the report drafted to ensure inclusion of all issues identified by the research participants.

Central to the evaluation process was an iterative process of discussion, reconsideration of research approach and modification of interview questions in response to feedback loops. This involved ongoing discussions between the Department of Communities and Justice and the principal researcher, Dr Smith, between the research team members and, in response to issues raised in earlier interviews, finessing of interview approach and inclusion of further follow up or exploratory questions for subsequent interviews. This meant the research process was responsive, enabling the researchers to explore in greater detail themes raised throughout the research process. Interviews with program participants raised concerns which could be explored with staff from organisations involved in delivering the AOP. Similarly, matters raised by staff could be elucidated in subsequent interview with program participants. This approach also facilitated cross checking and validation of interview data. Thus, adoption of an iterative process through the research added methodological robustness, resulting in deeper and clearer understanding of emerging issues and enhancing research integrity.

Program staff

After the ethics application had been approved, key personnel from DCJ – Housing and DCJ Commissioning and Planning Northern NSW, SHSs and Northern Health, who were directly involved in the project, were contacted via email or through their supervisors and dates and times for one-on-one meetings arranged. Team leaders at SHSs and supervisors for all relevant government departments were asked to distribute invitations to all staff. All of those who volunteered to be interviewed were invited to an interview, with all attending apart from two staff who had left their respective organisations before the time of interview; attempts to contact them were not successful.

Interviews were conducted either in person, or using Zoom or Microsoft Teams or by telephone. With the permission of each participant acknowledged by the return of a signed informed consent form, each session was audio recorded. The interviews were conducted over an extended period with the first staff member interviewed in February and the last in mid-June 2021.

A set of pre-requisite questions were provided to Dr Smith by DCJ. These were considered and a set of sample questions developed for the staff interviews, comprised of a total of 25 key questions, with 10 questions for sub categories. Not all questions in the guide were relevant to each stakeholder. As such, questions from the sample guide were selected which were most relevant for the staff member being interviewed.

Staff were requested to attend meetings with their supervisors, team leaders and Dr Smith in preparation for the interviews, to build understanding of the contribution they were making to the evaluation. The researcher travelled to Tweed and Newcastle to engage in pre-interview discussions with all staff. Social distancing and safe COVID-19 practices were observed at all times in line with conditions agreed to by Dr Smith at the request of Southern Cross University's Human Research Ethics Committee.

The Information Pack containing an overview of the evaluation aims and objectives, ethics approval details and processes to register any complaints was accompanied with an informed Consent Form and sent via email to each staff member after the briefing meetings. All staff agreed to one-on-one

face to face interviews. Given the complexities associated with the COVID-19 pandemic, nearly all were conducted via Zoom or Microsoft Teams.

The Department of Communities and Justice in Newcastle was understaffed by 50% at the time of the interviews, with only four staff engaged in the team. All four were interviewed. Of these, two had only worked with the AOP for a short while and were not able to provide any content related to the initial 18 months of the program. In paraphrasing a comment from a caseworker from Newcastle, the person said they were reasonably new to the role and there were “quite a few challenges, especially around time and understanding the availability of the plethora of resources available out there”. They were concerned that this placed extra burdens on the longer-term members of the team. One Aboriginal case worker had left the organisation and had not been replaced, and the paramedic who had worked with the Newcastle team was also no longer working for the organisation and attempts to contact that person were not successful. At the time the interviews were conducted, no health professionals were engaged with the program in Newcastle.

Illustrating a core difference between the two geographical models, 16 different staff were interviewed from the Tweed district, staff either employed directly by DCJ to work with the AOP (three interviewees, two from DCH – Housing and another from DCJ) or employed by funded service organisations (12 interviewees, representing all of the staff employed at the time by the SHSs), along with one health worker employed by NSW Health. Although the northern model has more staff, many had been engaged in the program for only a few weeks or months at the time they were interviewed. The short length of engagement coupled with limited knowledge of the program facilitated some shorter interviews. Interviews ranged from 40 – 75 minutes in length. Every person who volunteered to be interviewed in Tweed did attend an interview. To assist in maintaining anonymity, staff interviews and comments in this report are not identified with any Department or SHS.

At the close of each interview, staff were invited to make further contributions via email to Dr Smith if they thought of anything additional to contribute. Non-interview participant staff were also invited to make written contributions via email if they wished to. No email contributions were received. Field notes were taken during and after each interview period.

Strengths of the methodology

Data was collected directly from AOP participants and administrators, adopting a participatory evaluation approach which enabled individuals to speak directly of their experience within the Pilot program. This provided real time feedback from those who are the target cohort of the AOP, enabling positive aspects of the program to be maintained or enhanced, and concerns or criticisms of the program to be addressed.

In order to provide feedback as the evaluation progressed, Dr Smith met monthly with DCJ’s Senior Project Officer, Design and Stewardship – Housing and Homelessness, from the division of Strategy, Policy and Commission in the Department of Communities and Justice. These meetings enabled Dr Smith to share findings from the evaluation as they emerged, thus informing refinement of practice as the Assertive Outreach Pilot was implemented. The researchers also prepared and supplied an emerging issues paper to provide feedback.

One of the strengths of the research design therefore has been to provide real time feedback to DCJ for consideration and possible improvements to the two geographical models. The geographical areas distinctly differ in terms of the AOP methodology, service models, temporary accommodation (TA) use and housing stocks.

The inclusion of some who sleep rough who chose not to continue in the AOP also shed light on reasons why some decided not to join in. This also provided insights as to how the program could be reshaped to address concerns of these individuals so it can be more inclusive of them in future iterations.

Limitations of the methodology

The evaluation occurred at 'point in time', and provided a snapshot of concerns as they arose. Of course, over time, issues or their relative importance to people have changed. It was challenging to provide continuous 'real time' feedback into the AOP during the data collection process. The outworking of this is that modifications to the AOP have been ongoing and some participants continue to have concerns related to some program deliverables.

Of course, the views of program participants reflect personal reactions. Often, they are based on partial information or understanding of the AOP and the organisations which seek to assist them. While that could be seen to be a limitation of the research, the detailed in-depth interviews conducted for this evaluation engaged a larger cohort of people than is usual in qualitative research. This ensured a cross section of voices were heard, allowing key themes to emerge across multiple interviews. These are documented and explored in what follows.

The remainder of the report is organised into three major sections. The first discusses those life circumstances which resulted in, and the experiences of, people sleeping rough and experiencing homelessness at the time of contact with the AOP. The following sections relate to the two geographical areas in which the AOP was implemented. They present outcomes of the research with relate to the experience of people engaged in the AOP and of staff working to implement the Pilot program.

CAUSES OF SLEEPING ROUGH OR HOMELESSNESS

Program participants were not asked directly about the experiences which led to them sleeping rough or experiencing homelessness, as this can be a very sensitive issue for people. The focus of the research was primarily on people's experience of the AOP. Some did not indicate in conversation what circumstances led to their sleeping rough at the time of first contact with the AOP. However, many people disclosed at interview the factors which had forced them to be sleeping rough. More people in the sample at Tweed disclosed they had been homeless for the long term. Several reported having in lived in vans or camped for periods of eleven years, fifteen years, or having experience multiple extended periods of homelessness or sleeping rough throughout their lives.

Domestic violence

For several people in both geographic areas, domestic violence was a trigger which resulted in their leaving an established home. Some recounted, or hinted at, a history of violence in their home when they were children. One couple explained how family violence led to their sleeping rough:

As a result of a combination of family and domestic violence and addiction issues we left Singleton literally with the clothes on our back and a suitcase between us and started living rough. We lived rough for a period of about five weeks, sleeping on trains, sleeping in parks and that sort of stuff. Um, we originally had planned on going to Sydney, but we couldn't find any support services that we needed at the time, um, in conjunction with the combination of our sort of addiction issues, mental health support service, housing and those sorts of things, and my partner suggested that because of her time as a youngster in care that she knew the services very well in Newcastle and we might have more luck up here. So, we were sleeping on trains between Sydney and Newcastle anyway, so we thought that might be a good idea and we ended up in Newcastle. (NCC13)

Some fled their former home to escape violent or abusive parents: "I was homeless from 15-21 because I ran away from home because my old man was drunk and violent. Took my little sister with me ... she was homeless with me, but now she has accommodation and everything and is married and everything, so yeah". (THC9)

For another:

I was living with my parents and it just become too much us all living together and, um, just had a domestic and [I] moved out of home at the wrong time, wrong timing with nothing, and just, um, hit the road. Went to Sydney. Went from Sydney up to Rockhamptom, Rockhamptom back down to here ... (THC11)

Another described that she could not share housing for reasons related to a history of abuse stemming back to her childhood. In her words: "No, I've never felt safe in this world. Ever. From the moment I was born. My step-father, my father first, my step-father. Non-stop. ... The only time I feel safe is when I am on my own, because I trust myself, but I don't trust others". (THC15) She had for many years rented a home and sublet rooms to support herself and her child. However, she let her rental property go to move to Sydney to support her sick elderly grandmother. On her return, she found it impossible to find affordable rental property in the region.

One migrant recounted that her Australian husband had a drinking problem and was emotionally unstable. She and her husband had housing provided for them by the Department of Housing. While living there, she was working and paid half of the rent. However, when she felt forced to leave because of his alcohol induced violence, she was told the house was in his name and, for some time afterwards, was advised by the Department of Housing that she was ineligible for housing because she was on a partner visa, even though she had been granted the status of permanent resident. She was homeless while pregnant and, at the time of interview, was living in a women's refuge along with her two babies. She lacked any resources because her partner had taken all of her earnings.

Another of the women similarly had left a domestic violence situation. Women with children, forced to leave a relationship and then finding themselves homeless, are also at risk of having their children removed from their care. As one described her situation:

I was living in a domestic violence situation, um, and I removed myself from that situation and actually charged my perpetrator. He is in prison. I wasn't with him at the time. He came to my house where I was living and he attacked me and when I had him charged DCJ received a report and they eventually got back to me and said that if I didn't leave the home that I was staying in that I would be perceived as pretty much putting my child at risk and they would then look at the possibility of rehoming him if I didn't leave. According to them, they deemed my place unsafe because I had French windows and French doors so they had said that security upgrades probably

wouldn't be sufficient, so then I had to leave. I said to them, 'why was I being punished because I had done the right thing and I had made reports and I had made this person responsible for their actions and I had taken every effort that I possibly can to protect my child?' And that wasn't sufficient for them, so I was actually made homeless by DCJ because they had essentially threatened that I was not taking adequate action to keep my child safe. (THC19)

Domestic violence leading to homelessness did not only affect women. Another interviewee described being clubbed by his partner when she was in an alcohol induced rage, resulting in trauma and ongoing damage to his mental and physical health.

Health issues

Interviewees were not pressed to disclose the nature of disabilities or of health concerns, although most volunteered that information. Half of the AOP participants in Newcastle interviewed disclosed mental health issues, including grappling with serious depression and PTSD, often caused by a past history of childhood trauma and abuse, or violence and abuse later in life. A number from the Tweed also explained that the history of abuse and trauma 'from the streets' had resulted in mental health issues, commonly PTSD. Others disclosed paranoid schizophrenia, depression and more generally referred to 'mental health issues'.

Many of those interviewed mentioned other health issues, including complications related to diabetes (leg ulceration), severe arthritis, and mobility issues related to past injury, including having suffered from a broken spine and injury resulting from severe burns. Of those who did not disclose a physical health related disability or mental health issues, several mentioned having suffered from depression, sometimes accompanied by anxiety, during periods where they were experiencing homelessness and sleeping rough. A number of participants described health issues which were directly attributable to sleeping in cramped conditions in a car, particularly to ongoing back problems. One described his disability as 'old age' and 'just life', as he was dealing with cardiac and other issues associated with ageing.

Various disabilities were clearly a strong contributor to people experiencing homelessness. Many of those interviewed had been unable to maintain full time employment throughout their lives as a result of their health issues, particularly mental health issues. For many, spiralling into depression related to being homeless, with associated despondency about their ability to gain employment, form relationships or shape a positive future for themselves. For those in the older age group, health issues related to diabetes, injuries sustained throughout their lifetime, arthritis, or other issues more prevalent later in life, contributed to unemployment.

Although people were not questioned directly about their personal history of use of addictive substances, many voluntarily disclosed a history of alcohol or drug addiction. As interviewees were not asked specifically about health or addiction issues, it is not possible to gauge how many of the total interviewed experienced these challenges. While most of those are now 'clean' or actively seeking support to deal with their addictions, many referred to ongoing struggles with addictions.

One explained "I was happy when I was drunk" (THC1) Another described his life before moving to the Tweed, "I was in Byron living in dunes there and that ... in Byron it is groundhog, you know, you just get up and you drink all day and you are plastered and it is good, but ... my health deteriorated badly. Living that lifestyle, I spiralled bad". (THC8) This person described that his body suffered after 22 years of alcoholism and "my pancreas is not happy". Thus, for some of the people, long term drug or alcohol use had contributed to ongoing physical and mental health issues. Several from the

Tweed referred to it being easier to maintain a healthier lifestyle there than had been the case in Byron Bay or Grafton where they had been before, with drugs and a culture of drug use less prevalent. Access to food and services, along with the ability to cross the border to use services in two different states, was also better in the Tweed.

Unemployment

Apart from one person from the Tweed who is working casually as a security officer, all of those interviewed across both geographic locations are unemployed. Many have experienced long term unemployment, in the majority of cases associated with ongoing health issues. In some cases, the impact of health issues was compounded by substance abuse, although several commented that their addiction issues related to using drugs to self-medicate or to make them feel better, making it easier to deal with life or health issues. Sometimes, life circumstances forced homelessness and left people sleeping rough, and the stresses and depression that state caused, in turn, led to unemployment. As one interviewee, after family violence led to her having to leave her home and live on the streets, explained:

Yeah, if it wasn't for my depression and everything at the moment, I would be looking for work. Cos, I am not one for sitting around. I ran [name omitted] shopping centre by myself over at [place name omitted], for about two and a half or three years. ... but my head is not in the space for work at the moment. Um, if they see my shaking they will never give me a job, if they see my head going around, they will never give me a job. (NCC8)

Whatever the circumstances resulting in unemployment, apart from the one person who was working, all of those interviewed depend on government support for their subsistence, variously Jobseeker, disability support, or the aged pension. Even though many are on Jobseeker and expected to be seeking work, ongoing health issues prevent them accessing employment. The limited resources available to people means paying private rental is beyond their means, for all but one person moved from the Tweed to an inland town who is managing to rent a small property for herself and her young child.

Three from the Tweed mentioned attempts to study, all of them experiencing interruptions to their study caused by the difficulties of maintaining study commitments while homeless. One was recently employed in the horse racing industry, but after becoming homeless found it difficult to maintain employment while living in a car.

Eviction and the high cost of housing

The high cost of housing and inability to find safe, suitable and affordable housing forced some to become homeless. One person, who had been working, described renting a room in a house in an inland town. However, changes at the property made life in the house uncomfortable:

Well, there was only me in there to start with. It was bliss; it was lovely for about twelve months, and then these new owners bought it. Then they moved into the main house and then they rented the room next to me to a Thai girl and the walls are that thin, and then she started doing massages in another room so there was people coming and going all the time. It was when the first thing come up about COVID and we had to wash our hands all the time and the place, it was filthy, there was people using the bathroom ... and there was lots of construction and noise and the constructions workers were using the bathroom there ... (THC3)

As a result, the person "... got sick of paying \$150 for a room that leaked, it stunk and you know it was rowdy during the day, um, and the night" (THC3) and moved out to live in her car. Fortunately, this individual encountered the AOP team only two weeks after leaving her accommodation, so, through the AOP, accessed temporary accommodation within a short space of time. As was the case for a number of the women interviewed at the Tweed, behind this story lies a history of family breakdown, substance abuse and health issues. Although this individual had worked throughout her life, she lacked assets; housing is not affordable for single people on a low income. Older people, particularly women, were reluctant to enter shared house arrangements.

Being evicted when a landlord decided to sell a property left some of the participants without a home:

Um, just before Christmas, the place I'd been renting for five years, nearly six years, the landlord wanted the property back and I just couldn't find anywhere, and we were living in the car most of the time up until a month ago ... when I received the letter I thought, it had evicted for no reason, and I am like, surely that can't be right, and I was given three months' notice, and we were looking for a place to rent, but I didn't believe you could evict somebody if you were in advance in your rent ... And believe me, I had always been behind in my rent until I moved out there and I loved it. I was just shattered, yeah. (NCC10)

That person was one of many in finding it impossible to find a new home given the high cost of housing and the limited resources available to them when living on a pension.

An older gentleman, finding himself alone and without work, was homeless for eleven years before being housed at the age of 72. The cost of housing was prohibitive for him on the aged pension, so "I've got a van, a small van, and, um, I was living in that with my dog. We went, um, down as far as Ballina and mostly round the Tweed area. That was it, you know, for eleven years." (THC6) Being 'moved on', particularly in Queensland, increased his itineracy:

Well, I varied about, I was at Tweed, but I was at Chinderah for a few years as well ... before the Commonwealth Games was here you know. ... Well, we all got moved on from Chinderah actually, yeah. Um, that is why I went down to Ballina at that time around that area and stayed around there until after it was all over, and then I came back up this way. ... It must have been the Council. You know I was out one day and I saw someone else who used to sleep in the same street and he said, 'oh, we have all been moved on you know, because of the Commonwealth Games'. So, I didn't go back there then for a while, for some months. (THC6)

Several indigenous people reported having been homeless for the longer term, many for most of their lives, camping with family. As one described:

... we were there camped at Brunswick, me and my family, and when I say my family I mean, like, my Bundjalung, we were all houseless, not homeless. We don't like being homeless, it is not a nice word to use. We were houseless but, when we are together, we have got a home. (THC14)

Another indigenous person described the double negatives of high rents, but also the discrimination he encountered when seeking to rent a property:

The lease run out. Well, just for the record ... They are pushing the prices of housing up. There isn't enough housing here. There isn't enough housing in the country. And they are bringing in people from other countries. Not that that is a race problem but is a housing issue. ... if I can live and pay rent and have a perfect reference and all of that and have a good start, and not be able to rent a place when you have perfect references ... due to the fact that the price of houses has

been put up, so that in turn throws you straight under the bus. What the government thinks a house is worth to rent, it just ... ain't, and when you go into a real estate agent you are just a second-rate citizen, even though you've got prefect references, perfect everything (THC16)

Unexpected tragedy

For some, unforeseen tragedy resulted in their becoming homeless. Such tragedies included unexpected unemployment or the loss of a partner or parent. One family experienced homelessness as a result of a fire which destroyed their home. As the interviewee explained:

Um, going back roughly two years ago, the house burnt down and we lost everything. That sort of separated the family, part of the family. I had nowhere to go. I had my daughter with me and we were staying wherever we could find somewhere to stay. (NCC14)

Two of the program participants had been longer term homeless following the death of their parents when they were children. Sadly, one described being alone from the age of eleven year after the death of his mother; he described himself as being homeless until he was about twenty-three. A second person described becoming homeless after the loss of a parent at a young age:

Go back thirty, say, my mother died when I was young and I was homeless after that. That was about when I was nineteen. Then when you are young you sort of get picked up and people sort of help you out a bit. And, then I was a bit nomadic, so, I don't know if you'd call it homeless. I'd lived on farms and stuff and then I'd sort of come to town. (THC9)

At the time of first engaging with the AOP team, he had been homeless for about six years. For the proceeding fifteen years, he had been homeless six or seven times.

Tragically, another explained he had survived on the 'streets of the Cross' (King's Cross in Sydney) from the age of three to twelve and a half years. Several advised they had been wards of the state or had experienced out of home care. One of the wards of the state lived on the streets of the Cross, sleeping rough from the age of sixteen.

For others, the personal tragedy which led to homelessness was relationship breakdown, or loss of a spouse, forcing them to leave a family home. Job loss, or a major health issue leading to unemployment and inability to pay rent, also featured strongly.

Incarceration

Program participants were not asked about any history of incarceration. However, four AOP participants in Newcastle disclosed that they had spent time in correctional facilities. For some, going to prison resulted in loss of their home, as one described: "The two houses they got me were mine, but when I went back to gaol, one went to my partner with my baby out at ... and the other one I lost, for being in custody for too long." (NCC3)

Another described being homeless since leaving prison:

Well, when I come out of prison, I went to the caravan park in Singleton, and they kicked me out, I don't know why, but, um, yeah, then I was just jumping trains and, yeah, I was ... sleeping on a bench, and I was using me P card to, like, travel on a train, so I felt safe. (NCC6)

For another, gaol had seemed preferable to life on the streets:

I was just out of gaol, you know what I mean, I had just lost everything from another house. It was hard. I've sort of been either on the street or in gaol ...I've done it in little spurts, but I've gone back to gaol, you know what I mean. It was easier to be in gaol, that is what I thought. No-one wants to go to gaol. It is horrible. But when you are homeless and you are freezing cold and you are hungry, you didn't care, it is easier to be in gaol. (NCC3)

Finding housing on release from prison was challenging. People described leaving gaol with nothing, one describing first contact with the AOP team thus: "When they seen me all I had was the clothes when they kicked me out of Singleton [correctional facility]". (NCC6)

Some of the people engaged with the AOP in Tweed also referred to a history of incarceration. For a few, this was in juvenile correction facilities: "I done a whole heap of juvenile". (THC9) Others described being in a motel in temporary accommodation for an extended period as being 'gaol like' and admitted that being alone in a room reminded them of time spent in gaol. Another explained that, if he had not found accommodation through the AOP in Tweed, he would likely end up back in gaol, believing his homeless state would inevitably lead him to crime at some stage.

Family breakdown

A number of participants reported becoming homeless after family breakdown. Often the breakdown was an outcome of stresses associated with addiction issues, with family violence, mental health issues, or long-term unemployment. As one commented in response to whether he had been homeless previously: "Yeah, generally after a break up". (NCC2) This had occurred three times in his life. Another described problem with family, which resulted in the experience of homelessness, and subsequent loss of employment as a result of difficult living circumstances:

I was on the streets, um, I was at my son's, and then I was at the Police Station because my son assaulted me. ... I was working. I was cleaning in banks and that with a company, um, and I become homeless. Well, I had a house at Raymond Terrace. My daughter lived with her daughter, but she was drug affected, so I couldn't stay with her, so I gave her the house with her daughter. I had nowhere to go. So, I was staying in my car and going back and forwards for the dog which had to stay there, obviously, and to check on my granddaughter, and she, my daughter, didn't pay the rent. So, then I lost the house. So, I become homeless. But, then my son assaulted me ... (NCC8).

Many described alienation from family:

Well, my Mum passed away a year and a half ago and me and me Dad, we got a strained relationship. And my brother is just a piece of shit. And me and my sister, well me and her we just haven't really engaged for a long time. ... Like, we both come from the same household and it was pretty, you know, dysfunctional and led to some pretty shitty stuff going on in our childhood. (NCC5)

One person described what she believed to be a common problem where migrant brides find themselves in relationships with violent or coercive partners. If they leave the partner who sponsored them to come to Australia, they are trapped without a hoe and often without a permanent visa, so are ineligible for support. As one explained of her situation and that of others:

Because, I have many friends actually in similar situation. So many Australian men say in the beginning "oh, I love you so much" and after they marry you and they actually tie them, they

don't work. They actually put all pressure on the women and they don't work to support anything and they are violent too. So, I really felt in the refuge I have met many Mum, lady and they told me we have similar situation. ... In the beginning they are good and they just at the beginning say I will give you a little money but after that they don't work. They are very lazy. Maybe work one day a week or one day a month. And all the pressure and all the responsibility they all give us. And the baby you know, so they just take the baby, very emotional. Leave baby when they cry and many, many happen like this. So, so many ladies, they have now, because of visa problem they are homeless. They are hard, very hard. Sometimes they couldn't find, they 491 visa and nowadays finding work is very hard and Centrelink will not give them money too and very hard, and they cannot buy a house too, so very many difficult ladies. (THC10)

Addiction issues

Frequently addiction issues resulted in family breakdown and homelessness and people sleeping rough. Some had experienced a life time struggling with addiction issues. As one described when asked how long he had been a drug user:

Oh, f---ing 35 years. ... I first started in 87. I was smoking pot at 7 and um as the time went on, alcohol was a bit of a problem for me. I've done gaol because of alcohol. And, um, then I swopped that for drugs mate. I found myself using heroin and a bit of speed, a fair bit of heroin, you know? (NCC5)

Then, later:

... it has taken me a long time to get to this stage where I am at, where I refuse to put a needle in me arm. I am just f---ing over it mate, I have had enough. ... I am doing everything I can to make it [being on a drug recovery program] it work. I've got plenty more relapses in me, but I haven't got f--- all recoveries left. I can't keep doing it. (NCC5)

One couple, interviewed together, described their struggles with addiction, thus:

Person 1: Um, for myself, going back to early teenage years, um, gambling, with more than happy to dabble in drugs and alcohol and that sort of thing, but primarily gambling. Person 2: And mine in the drug ice, and I do here and there gambling, but I prefer the drug ice. (NCC13)

Both were actively seeking to deal with their addictions, having joined programs to support them to break patterns of addictive behaviour.

One program participant, formerly with a successful business in the creative arts, described a descent into drug addiction. He moved from circumstances where he could say of his life "without blowing my own whistle, I was a guy who knew successful [sic.], but who fell on his knees". As he described:

I was used to nice things and a family coming in to see me. I'd started using amphetamines, to work around the clock, to work 24/7, and you can, you can use them quite successfully. However, my kids would come to the door at 8.30 at night to say "good night Daddy". That is not cool. They would never see me the other 24 hours ... I was successful and working, had contracts ... I've only known big houses and cars and kids and a family and stability is number one ... and I've lost that because of drug use. (NCC2)

The addiction could be a cause of homelessness and rough sleeping, but also enable individuals to cope with their life circumstances. As the same participant described:

So, I'd have my small amount of ice, I'd have my alcohol and my cigarettes, and I was as happy as a pig in shit, because once you get high you might jump on your phone and do some Google or whatever, Facebook, Tiktok, um, I was happy. I didn't need an accommodation as such and therefore I wasn't asking services to help me. (NCC2)

For another:

In the past, I'd go back to using drugs because I know that I get a sense of comfortability out of them. I've never used drugs because I love them, let me tell you that right now. I've used them because it takes me out of my f---ing self. (NCC5)

While some used drugs as a means to forget their problems, others self-medicated with drugs. As one person described:

I used to smoke pot; I was addicted to pot. ... My pension, I used to [pay for it]. I wouldn't sell it to people. I'd buy it and use it for my own thing and I got that addicted to it that I relied on it. ... I had a lot of control when I was on pot because you know I wasn't stressing as much. It was more of a calming tool. So, I'd sort of sit there and I'd like, you know, I was always calm. (NCC1)

Choice

Some interviewees indicated that they had lived an itinerant life by choice, not necessarily seeking a permanent home. One described her last period of sleeping rough thus: "Last time it was six years. I do have a bit of a wandering spirit ... Well, I do identify, but I don't tell anyone because I look just like a whitefella ... And that is why I said before for certain reasons I have a wandering spirit, and I have to keep it happy" (NCC11).

A few, predominantly men, simply preferred an itinerant life and had camped or lived in a van, travelling around the region and beyond for many years:

And my van, I was quite happy in my van, basically. The only time it ever got annoying was like when it rained, you know, if it rained for a week and, um, the cold didn't worry me. Um, in the, you know, I was lucky, because I had somewhere to sleep every night. I had a roof over my head basically in the van. (THC18)

Several described enjoying the freedom of being able to travel at will. For one, an accident to his van forced rough sleeping and resulted in his seeking assistance to access housing. When asked where he called home, another said "Here, there and everywhere" because "Oh, I was living in me van. I lived in me van. I got a (car type omitted). That is what I lived in the last four years ... the only reason I took it [housing offered by AOP] was because the van was broken down ...". (NCC7)

For one person, describing himself as homeless for six years and living on North Stradbroke Island, this was "somewhat by choice" simply "because I didn't have a home to go to" and "down in Byron I couldn't afford \$300 a week rent for a room, cos I couldn't afford it. People would say you are homeless and imagine I was sleeping on the street, but we had some pretty sick camps you know, and I lived at Brunswick in the bush there, and at Byron in the dunes". (THC8)

However, the ravages of old age eventually start to take a toll. As one recently housed older person explained:

I was happy, to start with. It was when I started to get sick and needed care and they started physical confrontations with us out there, and I need to be close to the hospital. After the stuff on

the street. After the shite that happened to me on the street, I thought finally I am going to have somewhere. (THC7)

Alone, without family support, qualifications or skills, several of those interviewed admitted to illiteracy, which contributed to long term unemployment; for them, affording rent was prohibitive so they chose a transient life in a van over seeking shared accommodation.

Administrative failures

One person believed being forced to sleep rough was a direct result of miscommunication and mismanagement. She was happily living in a home in Newcastle supplied by the Department of Housing. She described making an application to move and be rehoused in Northern NSW to be geographically close to her child who was in difficult circumstances and requiring significant support. However, the 'system' had failed her for: "I was given approval for an out of guidelines to remain on the high priority list and vacate my premises in an Out of Guidelines Approval, that was the heading. When I got here, I ... presented to the DCJ Office ... was told that I was off all lists because I vacated my premises". (THC4) A lengthy process of poor communication, and failure to provide information in writing ensued, during which time the person was left sleeping rough, camping in a trailer by the river in the northern rivers, so " ... that is how housing rendered me directly homeless". (THC4)

EXPERIENCING HOMELESSNESS OR SLEEPING ROUGH

A number of program participants described their life and the difficulties they encountered before they received assistance from the AOP team.

Many of the rough sleepers from the Tweed area, all men, had camped for a long time and did not expect their circumstances to change. At the time one was approached by the AOP team "I was homeless down there for four years". That was the longest period I was homeless. And I wasn't sleeping on the streets, like we'd camp, in the jungle, like in the bush." (THC8) Another described enjoying a million-dollar beachside view, being quite content camping. The camp site, in a bush location, was shared with numerous others, each of whom had a distinct patch of their own. One explained he had 'itchy feet' since being allocated a house, and recalled a long-term camp site:

Ah, I was living on the beach, called ah I just call it Shell beach I think because there is a shell service station across the road, and there is a car park, and we were about 400-500 metres from the car park. ... Oh, mate, you'd pay a million dollars to live there. I didn't want to move. ... ah, I want to die in the ocean. ... The bush is my shield. I've probably spent 90 per cent of my live in and around the ocean, living off the ocean. I couldn't think of a better place to die. ... When I was in the bush I was on the sand dunes. So, at high tide I was probably 80 metres, 70 metres from high tide, so about a minute's walk down to the beach. (THC12)

For the majority of those interviewed, living without a home was forced on them. Not expecting to become homeless, one woman described her accommodation while rough sleeping:

Well, I designed and built a bed in a trailer, a box on wheels, before I left ... I don't know why I designed it, I didn't know I was going to use it, but I just did. Me being me, I always have plan B and C in the back of my head ... that is what I lived in, at Chinderah boat ramp, for 28 months. (TCH 4)

While some, particularly in the Tweed area, seemed to have been content camping for long periods alone, many described the difficulties associated with sleeping rough and not having a house to live in, particularly concerns about safety and impacts on their health.

Safety

Many felt very unsafe while sleeping rough. One of the younger people described both the kindnesses of strangers, along with the dangers of life on the streets:

About eighteen months ago, I was living in a tent in [location omitted]. Ironically at first it was just a sleeping bag and then this nice old gentleman, who was living directly across the road from where I was just sleeping in a sleeping bag, went and brought me a tent. And, he set it up for me, I slept inside then, and then a couple of months later, these teenagers and that burnt the tent to the ground while I wasn't in it, which was a good thing, but everything I had accumulated in that time, it was gone. And then this other nice gentleman, um, took me when I got paid, took me without charging me, to Charlestown to buy another tent. Bought myself a blow-up mattress, so I was comfortable, and bought my dog a blow-up bed, so she was comfy, a couple of blankets, a fan, and we set that up. And that lasted for a little while until the young people from the tavern up the road in [location omitted] thought it would be funny to come up and grab the poles on the tent because they have got elastics in them, and cut them so the tent fell apart and fell on top of me and my dog. (NCC1)

The same young person described being attacked by others on the streets:

I got done by a heap of teenagers ... from an outcome of that I started getting headaches and nose bleeds. And, I only found out about a week and a half ago that, when they jumped me, they caused an aneurism above my left eye. ... there was a numerous amount of them, all at once. I went into an epileptic fit. Like, I was shaking on the ground, as the nurse said, because there was a nurse walking her dog, who is from the John Hunter ... that saw it. There was about seventeen, eighteen of them that did it. (NCC1)

Another described the anxiety attached to being sleeping rough: "... you were worrying about your safety as well, you know, at night. It was terrible, especially if you are not from the area, that is even worse, I mean because you don't know where you can stay and where it is safe." (NCC3)

A number described using the train system as a means to stay safe. One said they were scared, recounting "I was on a bench, like I said, I was sleeping on a bench, and I was using me P card to like travel on a train, so I felt safe." (NCC6) As another recalled, "I'd been, like, previously that week I slept rough on a train. I needed somewhere to sleep, so I slept on a train going from Newcastle to Sydney. ... it's a nice, safe, warm place to stay, so I jumped on there." (NCC9)

One woman described the toilet block at Jack Avenue where she slept locked in with others as that kept them safe:

The toilet block is in the bay at Tweed and it is a known place to sleep, I guess because you can, not that the toilets are open at night, but you can. Where we used to sleep, they used to let us, one of the security guards he used to actually let us get locked in. We actually used to sleep around the back corner on the concrete. People used to laugh at me because here would be people with one blanket on the ground, but I had a glamping, like, big day bed sort of thing in there and I had all these things and people would be like, I am moving in! But, like, just because I

am on the street doesn't mean I am an alcoholic or a drug addict and I am neither. I am recovering from both; I have not had a drink in over ten years. But they just assume that. But there is some lovely people, there is some nice people and I miss the park in a lot of ways. It is [a community] and you have different people like who give you food. People like cook up and come round and give you food like on different nights. And you make good friends. But then you have people who like just abuse you, and ring the cops on ya, for anything, People obviously have really sad lives to go and spend a Sunday in the park. We actually had one who tried to incite and film it and they were like look at you on your bed. But we were like, we've got nowhere else to go. Go about your business and go and enjoy your day in the park. But they rang the police and the police come round and we spoke to them and they just said just ignore them. You are not doing nothing wrong and it is clean and you are out of people's way. Just pack your stuff up and keep out of the way. And they actually came back and tried to film it, and ask us where we would be sleeping and stuff ... it was like, just go back to your house, you've got one. (THC7)

Other people sleeping rough often offered support, showing care for others on the streets, "Like I said, if it weren't for this fella, he picked me up and he said, come with me, I've got tents down the beach." (NCC6) Camping with others afforded a measure of safety. Since then, having experienced homelessness and spent time sleeping rough, that same person described reaching out to others "Because I have run into a few other people that are homeless and stuff, and like I told you, I try and help them." (NCC6).

Some women currently in a relationship commented that they would not have coped without their male partner during times when they had nowhere to go and were sleeping rough. One explained:

It did wear you down over time ... like, we felt lucky that we were together at least, yeah ... We would sometimes get four hours sleep on the train, or at the back of central on the concrete slabs there when it was raining. One of us would sort of keep us safe while the other one slept, so at least we could bounce off each other and we felt lucky to have that. (NCC13)

Lack of comfort

Several of the interviewees referred to having been hungry and using service organisations to seek food. As one described, "Um, I've been with the Samaritans for a long time, about, oh, man, how long? About ten years ... I can go down there when I want and have a feed you know." (NCC3)

When asked about life time goals, a program participant replied: "Um, to stay out of gaol, to spend time with my son and not be homeless any more ... At my age, being homeless is not good ... Oh mate, it is terrible, you being on the ground, like you are sleeping on cement and riding bikes around all night, like it is terrible mate." (NCC3) In response to a question about whether he was healthier now, the same respondent replied: "Yeah, cos I wasn't eating before, like I was skinny, I was on drugs, just for my own sake I was carrying a trailer man, with probably 200 kgs on a push bike, and it was hard work." (NCC3)

Having to carry all of their possessions with them, and problems associated with keeping their possessions safe, was a major issue for people. As one person described their circumstances after accessing temporary accommodation for a week:

We were very relieved that we had a place where we could base ourselves for at least a week, because everywhere we went, it didn't matter if it was a doctor's appointment or any

appointment we had, everything came with you. Everything we owned came with us, and it was just wearing us down, wasn't it? It was bloody hot, and we were over it. (NCC13)

Some described living for extended periods in cars or vans and that the discomfort associated with that eventually led to them to seek relief from temporary accommodation: "It got to the point sometimes my back would ache because I was sitting in the chair for so long, for night after night after night. So, it got that I would ask for temporary accommodation". (NCC2)

Struggling to keep warm in colder weather was a major issue for people. As one described: "I went to like a clothing bin and the clothing bin used to be overstuffed with, you know, but I found a blanket. It was an electric blanket and it was really rough, you know, cos it had wires all through it. But it was enough to keep me a little warm". (NCC2) Another explained efforts to keep out of the elements: "I found myself on the streets and I was sleeping at the [name omitted] Club at [place omitted]. ... it was pissing down rain, and I had moved from there because the Club was open and I didn't want to be there while it was open, you know, and, um, so I moved on." (NCC5)

Disruption and lack of permanent address

Some of the participants had led a life of disruption and repeated relocation. As one man, now in his 60s, explained "I'd really never had my own space. I'd boarded, surf couches, street wise, um, lived as a boarder in people's places, sharing a room." (NCC4)

Not having a permanent address of course creates all sort of difficulties in terms of being contactable and engaging in many normal life activities. Lack of access to electricity makes it difficult for people to maintain communication with others through phones or other devices, with public facilities like libraries assuming great importance for people, so "... I used to go to the library and sit there and I'd feel pretty shitty, going to sit there just to charge your phone, to be able to make phone calls." (NCC2)

Accessing bathrooms is difficult for the people sleeping rough. One person, a father of three children, was left without accommodation after his home burnt down. Two children went to stay with their mother, but the third stayed with him "because she won't leave me side". He described their life without a home:

I had a van I inherited off me Dad when he passed away, a camper van, but um, so I tried to keep it at my sister's place, um, once or twice, so she could sleep there and have a shower and I slept in a van, and sometimes she slept in the van and I slept in the front seat on the driver's side. Then I stayed at another friend's place um, motels, some motels. (NCC14)

Similar experiences were recounted by several of the people interviewed, who live in cars or vans and visited family members to access showers, or were able to couch surf with friends or family for a time. Even where family and friends could provide support, this could result in separation of families, with young mother explaining:

We actually ended up moving into the caravan park and that is what, um, I was there for about a year, just over a year, so I was actually in the caravan park when I had my daughter ... and we had to move out of there, and that was when me and ... was pretty much homeless again. And he was like, pretty much in motels, and I was staying with my Mum, and it was just like back and forth. (NCC12)

For one, having no fixed address led to breach of bail conditions. After having trouble in one accommodation placement, one person described: "I just left it ... I packed everything up that I wanted and went and lived inside of a tent over in Stockton, but ... I was on bail and it got breached, the bail, for not living at my bail address." (NCC1).

Another described having peace of mind at having found a place to stay, comparing it with the impacts of disruption as they were 'moved on' from camping sites: "... before that you were that disrupted with the police telling you couldn't be here, you couldn't be there, and all this sort of shit, you know, was going on ...". (NCC3)

Some shared their experiences of living in vans and being relatively happy in that situation, However, many grappled with forced itineracy because they were 'moved on'. This was particularly the experience on the Queensland side of the border, with people describing being moved on and forced to 'hide' in isolated places or to move over the border into New South Wales, even if historically their roots had been in Queensland:

... if I was in the Qld side of the border, they used to hassle you a bit, and down the bottom, down around here [the beaches] they hassle you a bit. ... But, up on top, there was always about twenty or thirty vans up there of a night time. With back packers and you know, other people who were living on the street who had vans. They were quite good. But, from now, what I have heard, they are really moving the people on, handing out fines and stuff. (THC18)

Another recalled:

I was sleeping at Coolangatta beach, under the first rotunda there right near the surf life safe club. But then I went from there cos I got hunted on by the police from along that water front so I decided I'd go somewhere a little more excluded. So, I went up to Dbar Hill and there is wooden stairs there that go up and I was in the bushes there behind that. It was a good spot. Quite secluded. Nobody goes in there. (THC9)

Being asked to leave an area was not confined to those living in vans, nor to men. For one woman, recently homeless for six weeks, "... we had our little camp set up, and they said you know you can't be here, you will have to move on, and that was down at Fingal. And then we went to Tweed and they, you know, you can't set up tent here, you've got to move on. So, it was about the third or fourth time ... ". (THC15)

Health impacts

The experience of extended homelessness or sleeping rough was described as having profound effects on people's mental health. For one woman, after months of living in a car and couch surfing: "I wanted to top myself. I had had a gut full. I had had enough. I didn't want to be around." (NCC8) The recollection of another program participant was similar, "I remember my mood. Like, I was depressed and miserable at the time, I was like, yeah." (NCC9)

Living in the car in cramped conditions and the lack of circulation had worsened health problems for one program participant: "I was a basket case because I just couldn't stand living in the car anymore and the ulcers on my legs were getting worse. ... All I wanted was a hot shower and just to lie down and to be able to stretch out." (NCC10) Life in a van was not easy for one older man: "I am in an old van, and sometimes it used to leak, so I had to get that fixed where the hatches on the roof leaked. ... the golden retriever is quite a big dog and it is only a small van". (THC6)

Others described the difficulty of being able to go to an appointment when they were homeless, “I first seen a doctor, um, like I am supposed to go see him regularly like I’ve got back problems and that, but, um, while I was going through the homeless, I didn’t bother about going to doctors, you know what I mean”. (NCC9) As described above, difficulties in maintain communications devices, and of having to keep possessions secure, made it difficult to make and keep appointments.

Social isolation

A number of those interviewed described the loneliness of life on the streets. Being alone exacerbated feelings of insecurity and being at risk, and increased their depression and mental health problems. Alienated from family as a result of their drug use and violence towards her, when asked how she felt after accessing temporary accommodation, one commented “Oh, ah, that didn’t make any difference, like I was going through pain, like I was all alone.” (NCC4) One couple described the importance of service organisations in breaking down social isolation, “We were using Soul Café as a support service. We had some meals there and it was a great place to sit and have a chat with a few people, like the voluntary workers”. (NCC13)

For those sleeping rough, available services in the area proved life-saving, offering not only food and access to services such as counsellors, but a safe place to simply ‘hang out’ and socialise with others. Fred’s Place at Tweed had offered this for one long term camper: “There was days when I did when I was camping in town here and I would go in there and sleep on the couch watching videos every day at two o’clock and I’d be up an hour there. But, that was only at that stage and other times I’d go there a short time for brekkie.” (THC1) For another: “If it wasn’t for Fred’s Place or Agape up the road here I don’t know where I’d be ... if it wasn’t for these two places and this organisation helping me I would probably be in goal, seriously” (THC9).

Reluctance to seek support

A number of program participants described their reluctance to seek help when they became homeless, despite their being thus forced to sleep rough. As one person, formerly employed and with a home and family explained:

... when I first became homeless, I got my own accommodation because, what is the word, I still didn’t want to accept help. And I lived by myself and I got for own place for a period of four months, um, and then that was only a three-month period because the person who owned the house was coming back from overseas. I found myself homeless again. (NCC2)

The same person, as described above, then lived in a car, and found drug use assisted him to feel happy, so “I didn’t need accommodation as such, and therefore I wasn’t asking services to help me”.

Others had a pride instilled through their upbringing, which mean they were hesitant to seek assistance, as revealed in one interview extract:

Program Participant: ... my Dad would not accept no handouts or charities or nothing like that, which I’ve sort of got a little bit of too. It is hard for me to accept. The other day when I was having a conversation with [name] and another employee I said, um, it is hard for me to accept the offers you are giving me, but then I stopped myself and from that and thought I’d better not be like my Dad. I thought I can’t because my girls have every right to say if they wanted to and say if they needed something like shoes or something themselves and I showed them the lounge

suit and the TV that [name] offered and they were stoked. They were so happy, so that I could not deny them, I had to take them.

... Yeah, I feel that my childhood my teenagehood and my young adulthood I didn't get to experience it, I had none of that, so I make sure that my children have their childhood and their teenagehood into their adult. (NCC14)

PARTICIPANTS IN NEWCASTLE ASSERTIVE OUTREACH PILOT

In all, fourteen interviews were conducted with program participants in Newcastle, involving sixteen persons. The interviews included two with couples who were interviewed together; their demographic data has been included in aggregate as that of individuals.

Gender

Of those interviewed, five were female and the majority, eleven, were male. Underrepresentation of females in the sample may be because the major partner to AOP in the Newcastle region was Matthew Talbot Hostel, an accommodation provider for men over the age of 21 years. Some current staff of the AO program were formerly employed at Matthew Talbot, so those staff knew people who were either sleeping rough or experiencing homelessness and who had, in the past, used the services provided at Matthew Talbot. These staff actively recruited to assist, through the AOP, those they were aware of who were in need of housing.

Some of the few female interviewees requested a phone interview. As discussed earlier, it is possible that women felt less comfortable talking to a male researcher than they may have if there was option for them to be interviewed by a female researcher; however, circumstances did not allow for that.

Additionally, and importantly, the AOP guidelines themselves work against women being able to access housing through the Program. Many women do not fit within the definition of 'sleeping rough' (see the definition in the Prelude) as they are more likely to seek shelter couch surfing, or staying with friends and moving from place to place, rather than exposing themselves to risk while sleeping on the streets or in public places.

Age distribution

Ages of Newcastle AOP participants who were interviewed ranged from 23 to 68, with the age distribution skewed towards older age groups. Persons over the age of 50 were strongly represented in the sample, with eight of sixteen in this category, and four in the 40-50 age range. Only four persons below the age of forty were interviewed, with three of these in their twenties and one in their thirties. Perhaps those in the younger age groups are more likely to move back to their parental home if they become homeless. It is also possible that those in higher age groups, less able to withstand the physical ravages of being homeless, are more likely to be receptive to, or seek assistance. Indeed, this was borne out in comments made in a number of interviews conducted for this evaluation.

Military service

The researchers' expectation was that there may have been strong representation in the sample of persons who had served in the military in their past. However, only one from Newcastle had served in the military. No disability was disclosed by that person, and there was no indication that their prior military service had impacted their life in a way that contributed to their experiencing homelessness. The person did though mention that their military training had assisted them adjust to moving into accommodation, believing this contributed to tidiness and gave them better skills in setting up the house.

Income

All participants were on income support, with seven on disability pensions. The remainder were currently on Jobseeker. One person was on the aged pension and one received various parenting support benefits. The individual who had accessed the aged pension had previously been on a disability pension. Many of those interviews were long term unemployed. Of those who had not been unemployed for much of their life, one described having had a long working life, but family issues had left her alone and unable to afford housing. For another, a descent into drug use meant loss of a life which had included a successful career, family and a home. Circumstances which led to people either sleeping rough or experiencing homelessness are discussed in greater detail below.

Indigeneity

Half of the sixteen program participants from Newcastle identified as being indigenous. One additional person commented that everybody thought he was indigenous, but 'my mother says I am not'. Of those who identified as indigenous, only three described themselves as living on the land of their ancestors, or 'on country', where 'Country is the term often used by Aboriginal peoples to describe the lands, waterways and seas to which they are connected. The term contains complex ideas about law, place, custom, language, spiritual belief, cultural practice, material sustenance, family and identity.' (AIATSIS, 2021).

History of being in care

Of the program participants who were interviewed, seven described a history of being in out of home care, variously as a ward of the state, in a correctional centre, living in refuges, or in foster or other forms of out of home care.

THE ASSERTIVE OUTREACH PILOT PROCESS IN NEWCASTLE

First contact with AOP

People described their experience of the AOP in Newcastle from first point of contact. The means of first connection with the AOP team varied. Many people were approached where they were camping or sleeping rough by AOP staff, indicative of a positive, proactive approach to seeking out persons in need of housing. As one recalled:

They called out and asked who was in the tent, and they asked me if I needed help. I told them that I wouldn't mind having a house and not living inside of a tent because it was much torture, because I had to deal with people coming and harassing me every night. (NCC1)

A similar proactive approach was recalled by another program participant:

I was up at the Newcastle Library, just sitting there and kicking back, and two fellows rocked up ... I was parked outside the Library and, um, they were looking for someone else there and, um, they seen me sitting in the van and, um, they've pulled up and said, 'oh, you are living in your van'? And I said, 'yeah', and they said 'do you mind if I talk to you, if we have a yarn and talk to ya', yeah. So, the next minute they asked me my circumstances and all ... anyway, they got me into a motel for the night. (NCC7)

And for another: "Honestly, it was a fella I met when I was on the streets, um, they come and seen me when I was down at the beach. I was in a tent, and that is how, I don't even know how I met 'em; they just found me. They said they were going to help me." (NCC6)

Assertive Outreach team members also sought out people who may need assistance by visiting other organisations at times when meals or other services were being provided. As one program participant described their first contact with the AOP team, "Oh, that is how it happened! We were using Soul Café as a support service ... we met a couple of members of the Outreach team there, who attended there once a week." (NCC13)

Other service organisations actively referred people to the AOP, thus: "I was living in Grafton before and come back down to Newcastle. Things fell apart real quick and I just went homeless ... there was no room out there for me anywhere. They put me in the Matthew Talbot, and the Assertive Outreach came to see me and they tried to situate me into an apartment." (NCC10)

Some people had called the Link2Home helpline to seek respite in motel accommodation. A number were referred on to the AOP team by that service:

Ah, I do remember that, yeah, 'cos I, um, I rang up about going to see them, 'cos didn't know much about it and what it was all about. But, I'd been, like, previously that week I slept rough on a train. I needed somewhere to sleep, so I slept on a train going from Newcastle to Sydney and, um, I didn't think much about it. (NCC9)

The AOP team then found temporary accommodation in a motel for this person, provided taxi services to get there and organised a COVID-19 test as the person had been at a COVID hotspot exposure site. In another case: "Through the Link2Home program we were offered I think five night's accommodation at one stage, which is where we initially came in contact with the Outreach team". (NCC13)

Others described being referred to the program from those who had been beneficiaries of it, and themselves taking the initiative to contact the AOP staff, "I found myself on the streets ... and someone told me about these guys at Outreach and I rang them up and they said they would be there soon to see me if they could get there." (NCC5) This interviewee had moved away from where he was camping because of bad weather so the AOP team could not easily connect with him, but he rang them again a few days later and arranged to connect with them at the Ibis Hotel where he was immediately offered temporary accommodation. Another described picking up a hitch hiker who referred them to AOP:

Person 1: Yes, he was going to town to a meeting because they'd found him a house ... so he said, I've just got some accommodation. These people are really good and he give us one of their business cards. So that is how we got in contact, that is how we found out about it ... he had been doing it hard. He had just got out of gaol and that and he had bounced around homeless and that and once I heard something had been offered to him, I thought maybe we should give this a go. ...
Person 2: I rang [name omitted] up. I was at my wits end. I just, I wasn't coping. I just told her that we'd um been given a card and that we had been homeless since just before Christmas and she spoke to us on the phone for a while and then um put us up here for the night. (NCC10 Joint interview)

Another AOP participant visited the DCJ – Housing office to try to seek help after his home had burnt down. They organised temporary accommodation and referred the person to AOP: "They gave me some help to stay at motels for about a week or so, ... and then I got ... a visit from one of the members of the team and they started to offer me, um, some help and ... I can't remember the name, [name omitted] or some place they helped me get this place". (NCC14) Similarly, another recalled referral by DCJ – Housing to AOP:

... It was actually, like, when I was first pregnant, that is what me and my partner, like, that is, we were homeless at the time and we were going through the housing because my partner had, like, a severe mental illness, so that is when they assigned us to the Outreach. I think they approached us, because that was, ah, like my partner was a little bit hard to deal with at the time, and that is when they like, kind of like, assigned us, I think they like passed over his information to the Outreach, and they got in contact with ... they assisted us a lot. (NCC12)

For others, connection with the AOP team was serendipitous. One program participant described being on parole, having exceeded the allowed 28 days of temporary accommodation, and seeking to stay at the Newcastle Hotel where he had previously had temporary accommodation:

I said, look, I don't get paid until next Monday, is there any way you can let me stay for a night? Because I basically had nowhere to go and I didn't want to sleep under a bridge, because I had been sleeping under a bridge in Wallsend with a homeless fellow and there was no future in it and I just wanted a bed. So, I rang her and she said, that is fine, next Monday you can come in and pay the money. I was so thankful. By chance, the Assertive Outreach people had come to see other people in the Hotel that day and I said, look ... there is where I am at. I was with you guys before. Is there any chance you would be able to help me out? (NCC2)

So, it was clear from the interviews that first contact with the AOP team occurred in a range of ways. The majority of participants were sought out directly by proactive Outreach team members. Others were referred to them by services, or themselves found out about the AOP team, through word of mouth or chance connection, and took the initiative to contact the team members.

Temporary accommodation

For most, following first contact, people were offered temporary accommodation. In Newcastle, this seems to have been at a number of places, but most referred to the Paragon Motel at Charlestown, or the Ibis in Newcastle as providers of their temporary accommodation. Some referred to having used up all of their accommodation allowance through the Link2Home phone service, then working with the AOP team to seek more permanent housing.

When asked what was required of them in return for temporary accommodation and assistance from the AOP team, several replied that they had to be seeking permanent accommodation, demonstrate they had attended property inspections and made efforts to seek housing, and that, while in motel accommodation, they didn't "party or do anything" and were respectful of the accommodation as providing a roof over their heads. Each fortnight, it was required that they pay for two nights' accommodation from their own funds, while the program funded the other days. People generally agreed these requirements were reasonable, as one expressed it: "I was, like ... happy to do anything that they asked me, 'cos it wasn't unreasonable so far as I thought and because they are helping me, like they're putting the roof over my head". (NCC9)

While people were in temporary accommodation, the AOP team assisted them in application for housing, assistance people found very helpful given their limited access to technology and that often individuals lacked the literary or technological skills to complete the application themselves:

Yeah, yeah, it was like they gave us temporary accommodation and they put in an application because me and ... had a daughter. And, they just helped us a lot through the process because me and ... are not very good with technology, so they were kind of able to help us, like, with everything, the paperwork. And they were really very good. (NCC12)

While they were accommodated in temporary housing, the AOP team sought longer term housing for their 'clients'. Some described housing later being provided through DCJ – Housing, others with accommodation provided by Compass Community Housing.

Housing provision

Provision of housing is often not simple and may involve rehousing as the circumstances of program participants change. As one couple with a child explained, housing was allocated for the family, but then the couple parted ways shortly afterwards:

Yeah, so it was for the three of us, because that is what he ended up getting a unit at Jesmond, so I was on that lease, but then me and [name] ended up going our separate ways and I moved out not too long after. Then actually [name] ended up going to gaol, so he actually ended up losing that place, but since he has been back out of gaol, um, that is what they kind of, they are helping him again. But, when he was in gaol, I kind of had the Outreach helping me, and I was able to get a place, because that is what, when I left ... at the unit I actually went into a refuge, and that was what I was in, a refuge, for probably just over a month. That was when I was going through the Outreach and they found me this place that I am in today. (NCC12)

When accommodated, many referred to the benefit offered to them of being able to pay off a bond by payment of a "little extra on the rent each time". This assisted to overcome the problem of hefty start-up costs associated with organising rental accommodation. Most referred to payment of rent which was calculated on the basis of a percentage of their income, agreeing the rent was affordable for them and left them with enough to live on. A few, who had heavy costs associated with the need to purchase several expensive medications on a continuing basis, mentioned that they could not always afford either the medications or to meet their living costs.

Many program participants were grateful for flexibility offered to them, which enable them to cater for potential changes in circumstances. As one described this:

Well, they said the best way to approach that is for me to put an application in, with my partner's name as a secondary person on the lease, and they had even made it flexible enough that if they were going to take her younger sister into care that she could be included on the lease as well, so they were very flexible around that. (NCC13)

ATTITUDES TOWARDS THE AOP IN NEWCASTLE

Overall responses to first contact

Newcastle program participants were overwhelmingly positive about their experience of the Assertive Outreach Pilot. From point of first contact, they uniformly affirmed that staff had treated them with respect and dignity.

The Positives

Tailored personal support

People who had received housing generally felt well supported as they transitioned to permanent accommodation. In response to being asked if they were in contact with case workers, one replied: "Yeah, I sure am ... [name] checks up on me all the time, and she is awesome. She is so awesome". (NCC12) The same person advised that "pretty much, if I need anything, I gave them a call. Sometimes it was just like I would be freaking over little things and I would ring [name] and she would explain it and calm me down". (NCC12) Thus, case workers were "... pretty much just a call away". This is critical for marginalised people who had been sleeping rough, many of whom because of their life circumstances have been unable to maintain strong supportive personal relationships with either family or friends. It is important for them to trust staff. How vital this is to successful transition was reiterated:

... like I don't really have many people to go to in that situation, besides my mother and, um, so that is what, now that [name] is my life, she is kind of like a life saver, even if it is just kind of setting my head straight a little bit, she does so good at it ... they are definitely a great help. And, if I feel like in the future that if I do need any help [name] is just a phone call away and she points me in the right direction. (NCC12)

Practical physical provision

Being available, building trust between staff and those offered housing, and provision of ongoing emotional support and advice are central to success. So too was the offer of practical support at the time of transition into permanent housing. Many of those interviewed described their surprise and pleasure at provision of support to settle into their new home, through provision of white goods, furniture and utensils, linen and even food packages:

... each team organised my brand new fridge and got me pots and pans and things and that and helped me cook, and bed linen, yeah. Like, when I first moved into TA, 'cos I didn't have much food 'cos I lost me phone, I had to go and buy another phone. And they rang me up to see how I was doing 'cos they knew I had to spend extra money and I had to pay for me phone, so they made me up a bit of a food package ... You know, it is great; I think it just wonderful that they are out there helping. ... They did this, and if I was supposed to be going somewhere, they even

organise taxis ... like when I had to get my COVID-19 Test, they organised a taxi to pick me up and drive me to get the test. (NCC9)

Safety and security

People reported feeling absolutely relieved to have temporary accommodation, but even more so when they were finally allocated ongoing housing and they gained a sense of security:

Yeah, a lot safer, and just like the security of having a place and not worrying about where I am, yeah, like even when I had a roof over my head at the motel, I was still thinking like I am not staying in a motels for ever, I've got to find somewhere like, you know, I need to ... and, even when they put me up from up at the temporary accommodation, it was still in the back of my mind you know that I've still got to find a place, you know what I mean, and I've got a place now, I don't have that worry in me. (NCC14)

For some, the relief and gratitude at having a home was enormous, with the same person describing himself as:

Oh, very, very, very, very grateful, so much ... when I got told that I had a place, oh, just the emotion, the relief of it all, I can't even explain what it was like. I was long lost, I was happy, sad, happy, I was everything, just all, the safety of the girls come back, because they had a place. Even though it is small, but it is still dry here, it is still a roof you know and it is safe. (NCC14)

Flexibility and responsiveness

The flexibility and responsiveness of the AOP team was greatly valued by people, some of whom contrasted that the staff in DCJ – Housing who, " ... like as horrible as that sounds, it was just kind of, like the housing people were just kind of suck it up, like just find somewhere to live on your own". While they found there were "one or two good people", some had been "really blunt and rude" and:

I guess, some of them, they haven't been homeless and they don't really understand the stress and the headspace it just puts you in being homeless. And, I just kind of think like they don't have any sympathy whatsoever. It is certainly not all of them, just some of them, you know. I don't want to be nasty, but the Outreach team have been just wonderful, but the people behind the desk in at Housing, not all of them have been nice I've got to say". (NCC12)

When asked about how the support offered could have been improved, the same person replied:

I am not too sure to be honest, um, cos like I am pretty happy with what they like do for me. I couldn't really think, like they pretty much help with a lot. Off the top of my head right now, I couldn't really say that they need to do too much more, um, like, yeah, I don't know, I guess like maybe for some people in my situation, some people don't get like to sweep up the opportunity like me and get the Outreach to actually help them find somewhere ... But I've found definitely this time around it has just been completely different. (NCC12)

For another, the sensitivity and flexibility of staff was critical at a difficult time of life, thus:

... they were very sensitive to the circumstances ... we did travel to Sydney and that ended up being the day before Dad died. So, I saw Dad briefly. The next day he passed away and we told the Outreach team and they said right, we are just going to extend you for a week, don't worry

about looking for accommodation, don't worry about anything, just go down and attend the funeral, keep yourself safe and, OK, and know you've got a place to come back to. (NCC13)

Others were effusive in their gratitude for the assistance the Newcastle Assertive Outreach team had given them:

Um, well the thing is that the people that I've met that's been so helpful so far, that is improvement already. Yeah, um, the help that I have been receiving and the interest that has been taken, ah, oh, I can't thank them enough. There is no words. I would say it is 100 per cent plus. Yeah, and beautiful, and I have to say, smart, and helpful and caring. ... from the reason that is hard, losing everything in the fire, it is hard trying to get everything back again. I started with nothing. I had nothing at all. That was hard, but even, yeah, I got to say, it has helped because I didn't have a roof and they got me a roof for myself and my kids. (NCC14)

People reported having a much better mood and being less depressed and miserable after meeting the AOP team in Newcastle. One explained: "I am so much better, like, I remember the first time I spoke to the Outreach team, I just remember, like I don't remember much of the conversation, but I remember my mood. Like, I was depressed and miserable at the time". In contrast, they described themselves at the time of interview as "Pretty stoked with meself, yeah, now I've got a roof over my head, a new place, yeah". (NCC9)

Housing is foundational

Having a home proves life enabling in many respects. No longer having to seek shelter each day, to carry their possessions with them and to fear for their safety allows people to positively address other issues in their lives. One person described putting off going to the doctor while he was homeless, though he knew he should have been going. Now he had housing, he was able to get back on track with that, seeking the assistance needed to support ongoing back problems which had been exacerbated while sleeping in a cramped position in a car.

Problems Identified

Isolation

Some program participants found the time in temporary accommodation in a motel very difficult; they felt isolated from those they know and, while there, grappled with loneliness and boredom. This can lead to depression. One described being "that bored just sitting around" and "I just try to force myself to try to sleep to get through the boredom" because:

I was staying at the Panorama at Charlestown, and then I got really lonely out there. Like you said about the loneliness. I used to go for a walk to the shopping centre. It was a bit of company but, you know, going back to a motel room and being in Charlestown was a bit too far away for me, I think. So, they moved me into the Ibis at Newcastle after that, and it was a bit, you know, a bit closer, closer to me sister's and stuff like that. (NCC9)

Thus, to the credit of the Newcastle AOP team, responsiveness and flexibility was demonstrated in their organising a move to accommodation in a place which would be better for this person, who had rung them and let them know they were experiencing depression as a result of feeling isolated.

Standard of temporary accommodation

One couple complained that their initial “huge relief” at being provided temporary motel accommodation was eroded when they realised that the room was not cleaned to a high standard. They expressed that “... we found it very difficult because of the lack of cleaning of the thing” and that they developed scabies after staying in temporary accommodation. They claimed that once they raised this “... until I was able to get some sort of documentation from a doctor to say that I didn’t have scabies, nobody wanted to know us and we were just thrown back on the street”. (NCC13)

Inappropriate housing

An issue which emerged from a number of interviews was that housing allocated to them was not fit for a particular individual. Reasons for this were varied. For some, the housing was not suited given the physical constraints an individual faced, for example, stairs to climb or a shower located over a bath with difficult to reach taps were described as problematic by one person who experiences mobility issues.

For other people, housing provision was in larger social housing complexes, some of which have become stigmatised, associated with anti-social behaviours and threats to safety and security for people and property. Some residents reported experiences which corroborate such expectations about the character of these housing complexes. The stresses associated with life in the complexes in some cases caused, or exacerbated, mental health issues. As one interviewee explained:

Would have been about three or four months ago now. And I went through a giant mental health drop. Like, I was constantly rushed to hospital by ambulance because I tried to kill myself numerous times. I couldn’t deal with the stress, people breaking in and stealing my stuff. I come home one day and my girlfriend’s cat was gutted on my bed. And, this is just the sick people that lived where I was, and you know, I couldn’t deal with me, so me being me I went off me tip and got arrested. It just pushed, it just tipped a barrier of a wall I couldn’t get through. Like I had I enough and I just snapped. Like, I have bipolar and schizophrenia, and it is hard to deal with that stuff when, yeah, it is very, very hard. I just snapped and I went off my tip, I just started fighting to protect my place and I got arrested and charged for that because I was on bail. I had had enough. (NCC1)

Another interviewee recounted waiting to be allocated housing and refusing to take accommodation at one site, ‘Hammo South’, Hamilton South. His comment was that if he had accepted housing there: “I’d have a house, I’d have a roof over my head, but I wouldn’t be as happy as I am now. I don’t know, I think living in that little area probably would have made me in the long run a lot more musical, I guess. Ha, ha, yeah”. (NCC9). He believed that living in Hamilton South was likely to draw him back to drug use given the culture and what he knew of residents there.

Others accepted that there were good and bad aspects associated with their allocated housing, but made the best of the circumstances. So, while noise was a problem for one person, after six months in their new home, they acknowledged the accommodation was fit for purpose and that Housing had rectified any issues as they arose:

Yeah, yeah, besides living on the main road. Like, it is pretty loud, it took me a few weeks to get used to that one but, like, the house is fine for me ... whenever there has been like little problems, I have just rung maintenance and they fix it within a reasonable amount of time. So, that has been fine so far. (NCC12)

For another, although extremely grateful to have been supplied with housing, the two bedroom unit was too small for himself and three daughters, two of them teenagers and “ ... two sleep in the bedroom and one sleeps on the lounge. Um, it is pretty hard to use the bathroom because there is just not much room. We haven’t got a front yard or a back yard and there is nowhere for the girls to go. The bathroom gets used between them a fair bit”. (NCC14) The girls being “so cluttered in one room” was creating tensions, such that “ ... the eldest one, she just wants to get out and she tries to leave and I am trying to keep her safe, I am trying to keep her from going out because, I don’t know, she just wants to get out of here because it is getting to her. It is understandable because it is hard”. (NCC14). The stresses are:

... hard for me. I understand fully how they are feeling and what’s happening and it’s driving them crazy, it is driving me crazy. ... I keep saying we are going to get a place, we are going to get a place, to sort of bear with it ... They are sort of losing a bit of patience and that sort of respect wise ... I mean I am trying and I can only do so much, and they don’t understand the extent of it and that I can only do what I can do. They don’t understand that as of yet, but I try to make them see a bigger picture. (NCC14)

Staff turnover

One couple who had been offered temporary accommodation described the impact of changing staff, from dealing with one who was flexible and accommodating to the situation where:

... all of a sudden the people we had been dealing with disappeared, and we were dealing with a manager we had never met before. And the manager was quite cold and harsh and unforgiving of circumstances and said, no you have used up x many nights, and you now need to pay for the next four or five out of your own pocket or you know we can’t help you anymore. We couldn’t reach the people we had been dealing with. (NCC13)

As a result, as this was “sort of mid-pay ... so when they really put the bounce on us, we just said ok, so we packed up and we just slept rough for them for four or five nights until they were able to help us”. (NCC13) Following this, the couple paid for four or five nights in a Sydney backpacker hostel so they had a receipt to supply to the manager in charge of their housing application to prove they had paid for accommodation and so they could re-engage with the program again. The couple later engaged with other support services:

... my partner with Nova Women’s, myself with Matthew Talbot. They started to advocate to the Outreach team on our behalf, and within a period of four or five days we were offered thirty days’ accommodation at Bull Street in Mayfield, on a thirty-day lease, which would give us time to find accommodation and to receive some sort of offer from the Outreach team, as long as we met certain conditions. (NCC13)

The couple met the conditions of paying their rent to the day, on time, and as a result have been housed. They described themselves as now being happy, loving the area in which they were living, and being connected up to transport nearby and living in a good area, in close proximity to supermarkets.

Reliability

One couple described situations where staff had failed to turn up to appointments. They felt it important that staff ensure they make calls when they say they are planning to and attend appointments. Such reliability was seen as important to build trust.

Inadequate understanding of mental health issues

When asked what aspects of the AOP could be improved, one interviewee observed:

Definitely the sensitivities to people's mental health issues, and the network of support services associated with that. We did have a couple of incidences ... where instead of saying to me, to either me or my partner or both of us, why don't you go and see this support service, it was just, go away and deal with your shit and then come back to us later. That was difficult, because then we had a situation where somebody was clearly in distress, but not to the point to be institutionalised, sleeping rough, on psychotic medication, and it was tough and she was clearly not well. (NCC13)

The further observation was made that "... there is not a lot of homeless people without a mental health issue, or an addiction issue, and a mix of issues and a lot of trauma. Um, and while there is a level of sensitivity to that trauma, and we experienced it last year, I think that could be expanded on". (NCC13)

AOP STAFF IN NEWCASTLE

Staff employed by the Department of Community and Justice described their role within the Assertive Outreach Pilot program as engaging with those who are sleeping rough in the field, assisting them into temporary accommodation, assisting them to complete all necessary paperwork to put them on the housing register, and assisting clients to transition to long term accommodation, whether it be social housing or in the private rental market. As one staff member detailed the model for working with people:

there is sort of two ways that a client will become known to us. The first way is, um, that they will be reported to the team through, like Matthew Talbot report a rough sleeper, or directly to our team through our mail box. And so, once a report is received, if we have a phone number, we try and contact the client and ... go to the location that the person was reported sleeping rough. Once there, it is about having a conversation with the client about their current circumstances and assessing whether or not they meet the eligibility for the program, that being sleeping rough in the Newcastle local government area and being whether or not they are eligible for social housing. And then it is a matter of trying to get them into accommodation, assessing the client as to whether or not they're suitable for temporary accommodation. If they are drug affected or ... there is some, some sort of operational risk, I guess for lack of a better term, as to why they are not able to be supported in temporary accommodation, and then it is trying to find the mental health services or police or ambulance to try to make sure the client is safe. You know, nine times out of ten it is offering them temporary accommodation just to get them away from sleeping rough and into a safe environment where we can start engaging with them in a little bit more meaningful way, to help them through to find that long term accommodation. And then we, the other way we sort of come into contact with clients is just during our regular patrols, through observation or just noticing them, and then the process repeats. (NCS4)

All four staff who were working directly for the AOP were interviewed in Newcastle in February, 2021. Themes arising from discussions with them could broadly be grouped into strengths and shortcomings of the program as it operated in Newcastle. These are detailed below.

Strengths of the Assertive Outreach Pilot model in Newcastle

Team work

The staff work together as a team with one team leader. One described the importance of enabling staff to act flexibly, using their professional judgement, while being well supported in a cooperative team environment:

... we are all accountable for our own actions and the actions of our team mates. Um, and therefore support each other through the difficult times and everything else, rather than ah, sort of saying so and so told me to do this so that is why I did it kind of thing. It is all one level kind of thing and most decisions that we make are well supported by our team leader as well, who's generally got our back as long as we have a good reason to make that decision. (NCS3)

The AOP team in Newcastle consisted of eight staff in October 2020. However, by February 2021, the staff team consisted of only four members, inclusive of the team leader. One interviewee believed turn over in staff occurred because some of those who came to work for the AOP had backgrounds in a case work environment. For them, that their role on the program was a government role, requiring adherence to policies, procedures and deadlines and having to justify decisions, posed challenges.

Autonomy and flexibility

Autonomy in the role was greatly valued, as it enables responsiveness, so "... being the person that is in front of someone who is facing homelessness or who is sleeping rough on the street, being able to make a decision on the spot is very, very important, rather than needing to call someone to ask for permission to do something". (NCS3) Although staff described the importance of autonomy, they also believed this was curtailed at times by government requirements or policy.

Flexible practice, particularly the ability to be responsive to the needs of program participants and engage people where they are, has proved to be invaluable, as illustrated in one example recounted by a staff member:

She has had failed engagement with services throughout her life but the biggest strength of our services is that we go to people where they are, where they are comfortable with. This particular client would want to be within a one kilometre radius of her parents' house, and her parents' house is in a big housing estate. And, until she had housing, we would go and meet her at her parents' house where she was comfortable and that is where we engage with her ... until we got her housed. A lot of other services don't do that; they, you know, have to go to their office, or, you know, you have to come to them. (NCS3)

The ability to be flexible means that staff have been able to reflect on their practice and modify their approach. Initially, there were meeting clients in their office, but:

Now we meet the clients ... in their homes, at the accommodation, in the field, ... where they are actually sleeping. We are not reliant on the clients coming to us, we are much more proactive and

I think that has probably been the biggest change, just that proactive approach that the team has in terms of trying to engage the clients and there is a really strong focus on that positive engagement and keeping them out of the local office as much as possible. ... that has probably been the biggest change since it started. (NCS4)

One team member was strongly of the view that engagement with potential program participants should start with connecting with people where they are. Her response to staff when they, in the past, mentioned that people had failed to attend appointments was:

... but did you turn up for their appointment? I don't care if you make ten appointments with them, did you turn up to them, cos you are sitting in the office and they are out there, because that is not going to work. I am like, did you turn up? So, my expectation is that, from our staff that you turn up, not them. (NCS5)

For the team member, adopting this approach and encouraging it within the staff team was enabled by the fact that

I've had a lot autonomy and influence in some of the systems that I have set up for the program to run, so it has been quite good really in that space. I've never had any issues with that at all. I have been left to my own devices ... that is what attracted me to this program. (NCS5)

Temporary accommodation

The ability to provide temporary accommodation, usually in a motel, is seen as a strength of the program, for:

Yeah, it gives them some time to level out you know, they are not on edge, they know where they are going to sleep for a few nights and they get a good night's sleep and a bit of food into them. I think it really does make a huge difference in terms of being able to engage with the client and it gives them an opportunity to reassess where everything is going for them and what they want. (NCS4)

The aim of AOP is to use the period someone was in temporary accommodation to get a housing application "... up and running and live in five days". (NCS5) This is not regarded as ambitious: "That is our aim and we all believe we can do it. And so, if you start off, if you have just done your application, three days, easy, easy documentation. Complex? If you've got to get the doctor, get the medical certification, to get dadadadada, that will push it out, but that is our target". (NCS5) Rapid completion of documentation is given priority because "When they walk into the door to TA, because if we can get that even happening, they have got a chance further down the track, whenever, that an offer might come back into play again. You know, that is really critical for our team to get that moving" (NCS5) The team are not afraid to push the boundaries and confront expectations from other services around this, explaining that extended temporary accommodation had been seen by other services as a luxury:

I remember the first time I put somebody into TA. I did it for two weeks right and they said to me, oh, we don't do that and I said, well I do. I am only putting them there for two weeks because at the end of two weeks we are going to get them a house and we are going to do this and we are going to do that, and we did. People had this notion, right from the colleague that I had in FACS and so on, that it is a luxury to get them into TA for an hour or two (NCS5)

The time in temporary accommodation was also viewed as a positive time which engagement with people could occur, providing opportunity for relearning and teaching new skills, including in taking

responsibility for budgeting to pay rent. This would stand them in good stead when housing was eventually allocated:

Yeah, cos this is about working in reality and getting people into the space of, you know, we are starting from here, and when you have got money, we are going to have to teach some skills. When people have never paid rent before, they are not going to pay rent. And so, it is all part of upskilling and the expectation that we say to people is that when you get paid, if you are on DSP, then we expect you to pay three nights. (NCS5)

Although people in temporary accommodation were required to pay for three nights in each week to continue on there, there was flexibility in this, according to the circumstances of the individual. In negotiating this, the AOP team would work with individuals as they develop skills, essential for the many who had been sleeping rough for the longer term:

If someone says, look, I have to pay x, y and z, and I can't afford to do that, then we will say, ok well, two nights, but let's look at your budget and renegotiate, so that is what it is all about. ... budgeting, as a skill, is visited and discussed, yeah, that is really important, because budgeting, a bank statement will tell you, is gold. You know, you can tell, and also people will say, and we ask about do you owe people money, including if it is drug dealers, it doesn't matter. (NCS5)

Brokerage

Staff advised that funding available to support the Pilot was sufficient, enabling provision of a 'moving in pack' to people who have been successfully allocated housing, so "... we give them new beds and new fridges as a basis ... we do have a list of standard items that we are continually evolving, you know, things like, down to tongs and towels and basic groceries." (NCS2) For one team member, "Do we have enough houses? Then, the answer is no. Do we have enough tools in our, you know, in our box to deliver an incredible, flexible practice? Yes, we do". (NCS5) The team member believed that there was flexibility, allowing for creativity, in how brokerage is used, which offers huge advantages. Initially, a cautious approach was adopted to spending, but the team had moved to flexible provision because:

... in specialist homeless what is essential to me, might not be essential to you. So, for us it is about saying to a person, when they are coming out of crisis, we are building a home, and what a home means in your head, and what a home means in my head are two different things. So, it is about how you support the person to build their home. If that means, the reality is the place is really warm and we need curtains, then what we have done recently is say, well then, let's get them fitted properly. You know, what does that really mean and let's do it properly. Don't know, it, why do we have to go, ah, let's go cheapy, cheapy? We can actually afford to do it properly. I think what I would like to demonstrate in this program is that, if you do it properly, and you do it where the person isn't getting scraps, they are going to feel more like a whole person and less like a scrap. (NCS5)

However, some staff were of the view that 'red tape' requirements sometimes meant it was not possible to use this to full advantage. As one described:

I think a lot of political guidelines and stuff are stopping the ability to use what is there. For example, to call a taxi for someone is a process, to log on, and using credit cards, and we usually have to follow a process to get a receipt off a taxi driver et cetera, so it is a bit of a backward process, but it should be an easy, seamless thing for somebody who is already in crisis; so, it should be easier. (NCS3)

Perceptions of AOP

In interviews, it became apparent that staff believe the AOP was viewed positively by members of the public who could potentially be service users. Staff also spoke to the powerful role that the positive engagement of individuals seeking housing played in building the reputation of the program for successful outcomes. As one explained, "... the perception of our program is that, if you work with us, you will be housed fairly quickly and that we can help you resolve a lot of your problems, but the reality is that it is all about the client's engagement". (NCS3)

Positive public perceptions of the program are proving constructive in other ways, with businesses and community members reporting people sleeping rough, hoping to support their transition into housing: "I think, from getting people off the street and putting them in temporary accommodation, I think that is seen as a positive. It is generally, from a lot of businesses who engage with us and report a rough sleeper, we will go back to them and say we will follow up". (NCS2)

Building trust with the community and with potential program participants was seen as an imperative for the success of the AOP, as a team member explained: "... it is about the person building a respectful, and us building a respectful, relationship with that person, and they, to the point where they actually trust you and all human beings ... when people are vulnerable, they are less likely to trust, not more likely to trust". (NCS5)

Community support

Those staff interviewed believed the reputation of the AOP was growing positively and rapport was building within the wider community. This is positive for the program and those the AOP staff are working to support, for:

... the more we are getting the name out there for Assertive Outreach, the better the response is getting. The more people sort of get to know about our program the better people are sort of engaging with us, especially the community. For example, we have gone over to businesses that we know have rough sleepers out the front of them, and the local shopping centres and that sort of thing, and introduced ourself and our team and given details of how they can contact us should a rough sleeper be there ... the engagement is coming back, is slowly building more and more, the more we are sort of seen over there. And I think that our tenants, the people who have moved into houses, the neighbours are seeing us out there weekly, if not twice weekly, if not more, and they are responding by saying, someone will be there in two or three days if they are having a breakdown or ... they are able to contact us. (NCS3)

The importance of word of mouth in the community was emphasised by staff, who described receiving more random phone calls related to where homeless people may be sleeping rough and from other services. For one, the engagement of community was claimed to be absolutely vital, for "... the community are in places that we aren't, so it is like an increased army, isn't it? It works well". (NCS2) Staff explained that the local member, local councils, and many businesses could engage through a generic email inbox address which is constantly monitored.

Relationships with other service organisations

Relationships with other service organisations are critical for the operation of the Assertive Outreach Pilot. These relationships are two way. AOP acts as a conduit for official information back to non-government services, thus:

So, I think that, um, essentially, we have become a go to for services that don't quite understand the housing system or don't know where to ask the questions. We will get questions from services quite often saying, oh, John has been into housing and he has been told this, so can you explain this a bit better, because they don't get that from the general housing office. (NCS3)

While it seems that services seek information from the AOP team, the team in Newcastle is strongly interdependent with other NGOs which also primarily work with the homeless. A particularly strong interdependency exists with Matthew Talbot in Newcastle, for "We receive a lot of the referrals through the Matthew Talbot website, where the community can report that rough sleeper". (NCS2)

St Vincent de Paul, which runs the Matthew Talbot service, is contracted to provide staff for the DCJ and the AOP. This has resulted in movement of staff from Matthew Talbot or St Vincent into supporting the AOP. One staff member described the difference between working for the two organisations thus:

There is not really a difference. We all do the same role. ... the main difference is that, as the DCJ workers, we are more reliant on the housing applications being to date and look for properties to allocate to our clients. Whereas, the Matthew Talbot case workers, they do a lot more of the temporary accommodation referrals to This Way Home and to Matthew Talbot Bedsitters and they attend the meetings with Matthew Talbot rather than with us as DCJ workers. So, that is where the separation is. (NCS3)

Other DCJ staff members believed that cross pollination between the two organisations was absolutely important, and made efforts to get to know how Matthew Talbot services worked so they could assist people needing support to access those services where appropriate. So:

I've made it my business to get involved in the Matthew Talbot side of things; what I have learnt in the last week about the This Way Home referrals and the temporary accommodation and how to put someone up for a nomination for a bedsitter! It has like opened my eyes to a whole new world kind of thing and it has kinda, it has been official in a way that, if people are on leave, then we can still give the same full service to our clients rather than be, oh they are away on leave so, you know, we can't do that today. (NCS3)

Another reiterated "getting multiple perspectives of things" resulted in good outcomes for those they call "clients". So, "I've learnt a lot from the other guys from Matthew Talbot, and I know, I think Matthew Talbot case workers they have learnt a lot. They've got to see a lot behind the scenes and to understand a bit more about how housing works, which is starting then to filter back to the other Matthew Talbot case workers". (NCS4) The importance of this is that those at other service organisations are seeing a new approach and "... are not getting railroaded into the, you know, the same bureaucratic response they often get from housing". (NCS4)

Staff were particularly enthusiastic about the positive role played by a paramedic who had served with the AOP team:

It was is amazing, absolutely amazing. That is just so proactive, you know, Outreach to have that person there to immediately deal with ... like assessing somebody's feet, or those sorts of things;

just peace of mind reassurance for them you know. Building a rapport with them, being able to I guess build our knowledge as well on lots of things and ... the ambulance are [sic] pretty great anyway, because quite often we get an ambulance anyway, because that is just the first thing we do. If somebody is unwell, we are not doctors. We get an ambulance and get somebody to assess them. Nine times out of ten they do go to hospital. (NCS2)

Another staff member described the relationship with the ambulance officer as opening doors with mental health assessments, along with a working relationship between the team leader and the police, and the importance of the team leader being able to access information from the police.

Staff were positive about their working relationships with the local Council, describing working in partnership with the Council and other services to rehome people sleeping rough:

... we've had a bit of success with local Council and again a lot of those relationships have existed for a while. ... we have worked in partnership with the Council and with the police to help rough sleepers that were sleeping in, ah, in a toilet block which was due to be demolished at Wickham Park. So, our work with the Council to have those clients ... they are actually, one of them was housed directly from the toilet block. He didn't want to leave. ... the day that the toilet block was due to be knocked down we put him in a house. He is doing really well actually, so ... we worked with that, we went out with a couple of the, with Council and the Police together and explained to the guys what was going on and we gave them their options. So ... if we request assistance from the Council, they are very responsive, and if they request our assistance we'll go along with them, so I think that relationship is positive ... it is quite strong. (NCS4)

The same staff member had the impression that the Newcastle Council:

... genuinely want the rough sleepers off the street and whether that is, you know, from an altruistic thing, or whether they just want them off the streets you know to make Newcastle look good, you know, doesn't matter. The resources, they are providing the resources to help these guys. They are doing a lot of stuff that I don't think all Councils will do. (NCS4)

Thus, and very importantly, if the program is effective and its results are demonstrably positive, councils are willing to lend support and assist with provision of some resources.

For some clients, contact with the police and correctional services was important, again necessitating positive relationships with other agencies. As well, staff comments about interagency relationships confirmed the separateness of the AOP from the Department of Community and Justice:

Overall, I think our relationship with the other agencies is fairly positive and it comes down to ... we follow through what we say we are going to do, make sure that we are contacting those support agencies that are already in place. ... Community Corrections have, they contact us pretty regularly about their clients, so that has led to a pretty good exchange of information between the two of us, to make sure that clients are able to maintain their bail conditions so they are not getting reincarcerated, so that's one example. I think ... with the police there is an established relationship with DCJ, but I think we are building our own little relationship with them so that information is shared regularly. (NCS4)

Staff commented that they had little relationship with Centrelink on a regular basis and implied it would be helpful to build this relationship in support of program participants.

Strengths of the multidisciplinary approach

When it worked well in the interests of program participants, interagency collaboration was seen as a major strength of the AOP approach. One example of successful work with an individual who had engaged with multiple services was described:

Um, I think that you need a client service approach. I currently have a client, a young lady who has experienced severe trauma, has been through juvenile justice, rehabilitation, everything, generally for her most of her years; there has been high drug use and prostitution. One of our team in primary high needs care is working with her to try to get her with her NDIS package, and she has been housed now for three months, and successfully maintaining her tenancy because of our constant engagement with her. We go out there once a week, every week, at the same time each week so she knows we are coming and it's changed her life a thousand, thousand times. (NCS3)

For staff, the strength of a multidisciplinary perspective could not be overstated, for "... you get multiple perspectives on an issue and it is not just coming at it from one organisation's perspective so you are able to achieve really positive outcomes for the client because you are able to ... [see] each other's point of view, and what resources are available to each organisation". (NCS4)

Success stories

Each staff member was asked to describe what they saw as a success of the AOP. Space precludes inclusion of all 'success stories' here. Many such stories emerged in interviews, shared by both staff and program participants. One such was provided by a staff member in Newcastle:

There was a man that we found sleeping in some bush scrub at the beach. He had previously rented and lived in a caravan and returned one day to find his caravan and all of his belongings gone. So, he jumped on the train and stopped at the first beach which he found which was Newcastle. We helped him out for a couple of days and helped him out with accommodation. Through the ambulance officer we did a medical assessment with him and sort of chatted to him about any medical needs. We found out he had epilepsy and he hadn't had his medication since the trailer was taken, so we were able to get fixed up with a local GP and the ambulance officer and get back on his medications which really helped him. He was housed very quickly because he was already on the housing register for four years, but ... we made him a priority for housing, we made him an application and we housed him, we helped him get some furniture in his house. He had been living by himself for so long we helped him with simple things such as putting flat packs together. We've talked to him about food safety and food hygiene. A few times we'd visit him at his property and there was cans sort of cut open with a knife and left in the fridge and that sort of thing, so he has had a few motherly lessons from us. Since he has been housed, he has reengaged with a church service that he was with, he has reengaged with his mother and his sister and they visit him regularly, and he has had them over for dinner quite often. He still leaves his property and goes for a twenty minute walk each day, which is why he stopped at the beach; he likes to walk on the beach ... he has been a really good success story for our team. (NCS3)

Staff spending time supporting people as they transition into housing and learn essential skills was a common theme in these stories. Many of those housed are very thankful for their improved living situation:

... my co-worker and I got the gentleman; he only had what he was wearing and we got him new clothes and everything that day. We put him into accommodation and five days later he was housed and his comments are, you are my angels. We have even sat there and put together a flat pack for him because he didn't have the skills. That was just a client visit that we did for him and we talked about things and we put together ... a little TV unit for him. And, yeah, they are the heartfelt things that we do. (NCS2)

Beyond providing examples of individuals who have been accommodated successfully in new homes, staff believe that, overall, the AOP was successful:

I think if you look at the number of people that the teams assisted in the last what, year and half, nearly two, you look at the number of people that we've housed and who have sustained their tenancies, I think that those results speak for themselves, compared to the other two funded teams. You know, the team's achieving some really, really positive outcomes for the clients and we are seeing long term rough sleepers leave the streets and sustaining tenancies and, you know, these are people that have been told on numerous occasions that they would never be able to do it. I think that the results for the clients are just fantastic. (NCS4)

This success was attributed to the program operating "... in a way where they are not sitting in an office having to produce all this documentation" and "... we will have a conversation with you and then we may be able to go get you some accommodation". (NCS4) For staff, once people are in houses, "... they are very happy to, you know, give a little bit of a hand in terms of staff and the tenancy and having people come around and just have a bit of a chat with them. You know, an interaction that isn't behind a Perspex screen". (NCS5)

One team member described success in terms of supporting people to climb a mountain in their journey out of rough sleeping to having a home, for many their first:

So, some people get really excited when they see a key. I guess they get overwhelmed. ... that key is such a powerful ... thing to witness. You know, you say this is just a key. But for us it is just kind of like a key, right, but it constantly shocks me as to what that journey is like to get to that key. So, you can never underestimate it. And sometimes we never meet people, like we maybe only know of them for a couple of weeks and they have got an offer, and the key is there and you go for it. Um, and suddenly for them that is like, you know, we have no idea of that journey. And sometimes we will never know that journey but you can tell by a person's reaction that that is had been a mountain that they have climbed ... all we did is the frills. (NCS5)

Shortcomings of the Assertive Outreach Pilot model in Newcastle

While positive stories of the successes of the AOP abound, staff also identified a number of areas for improvement. These are discussed below.

Staff shortages

One staff member commented that a reduction in size of the staff team (formerly eight members and at the time of interview consisting of four members) meant they were working under pressure and that, as a result, work to support people in their tenancies was falling down "... because we just don't have time to get out and do the quality kind of visits that we should be doing to help people to

just stay in the tenancies that they have been put in” (NCS3). They believed that engagement with other services and community links had inevitably declined because of staff shortages. Thus:

When we were looking for assessments with eight people, the engagement then was really high; there were a lot of different avenues being opened with different NGOs and other agencies. We were meeting what we needed to attend with per week with our clients as well as with the temporary accommodation people, and being able to sit down and help them with private rental shopping and stuff. We just currently don't have the time because we don't have the staff resources. (NCS3)

The challenges of being understaffed meant that it was very difficult to undertake careful planning, taking into consideration of the complexity of the lives of the individuals they were dealing with:

... it is very challenging working in this model doing case management ... for people who require intensive support, and everything else that we have to do. It is like we are sort of doing everything on the fly. ... being able to offer that person the time to sit down, for an hour, would be somewhat of a luxury, to be able do a proper case plan. Because, when you are working with complex people you actually need to be able to sit down and work together to see who is going to do what. What steps are we going to take? What problems do we have? And then try and resolve them so we can inch forward in a positive direction. I think we lack those resources to be able to adequately make that happen. (NCS2)

At the time research interviews were conducted in Newcastle; recruitment activity was underway for a new staff member; the hope was to recruit an indigenous staff member to work specifically with the large cohort of indigenous people accessing the program. At the time of writing in June 2021, Newcastle remained understaffed, with six staff of the designated eight staff in place, with further recruitment underway. A paramedic had still not been engaged in the Newcastle program.

The researchers did not specifically ask about the reasons for staff loss in Newcastle, however the conversations with the staff team are suggestive. One referred to young, impressionable, recently qualified staff being less able to deal with some of difficult characters. Another referred to case workers expecting to do case work and not being prepared for the administrative requirements, form filling and accountabilities attached to serving in a government role. There is an emotional toll attached to poor outcomes, or of interactions with people who were not in a personal space where they were open, or able, to accept assistance. Some referred particularly to the ravages of ice addiction, which left people unable to function well, often unable to be in temporary accommodation without disrupting others and therefore unable to transition to permanent accommodation.

Blockages

While staff felt there was considerable flexibility in how they operated, some policy constraints, at times, were frustrating to them in achieving goals with particular individuals they sought to support, even while acknowledging that those same constraints could act as a positive motivational force for some:

I think the government puts a deadline, for example, the 28 days allowance of temporary accommodation that we are allowed per person ... but it doesn't stop us getting results. It puts pressure on to get an outcome for someone in that time, which is needed, because sometimes people can sit in temporary accommodation for months and not move forward kind of thing. So,

it does put a lot of pressure on in that way, but also does cause people who need a little bit longer to get, um, organised. It can cause those clients a lot of stress and I have seen the effect of people just walking out of accommodation and not engaging with the service because of the pressure being put on by the government deadline. (NCS3)

When asked to explain how this negatively impacted people, one staff member proffered the following example:

Yep, for example, we had a guy in temporary accommodation and he was there for his 28 days. ... each day when we see them we try to help them look for private rentals, or go through applications for This Way Home, or Mathew Talbot Bedsitters, or stuff like that. This particular client, he had a bit of intellectual delay, wasn't able to fill out forms or anything else for himself, so he was not easily looking for other places without us, and he got to 28 days and sort of didn't understand why there was so much pressure being put on him at that point and he ended up just leaving and going back to the street. We see him on the street now and he generally hurls abuse at us rather than saying hello because he feels that we've ... taken him off the street and given him hope of getting a house, and then put him off because of that deadline. (NCS3)

When pressed as to their views about this, the staff member expressed disappointment, saying, "I think that if he had maybe a bit more time, he probably would have been picked up by the housing system and housed that way, but I think now that if we walked up to him and we said we've got a housing offer for you, he wouldn't even talk to us or accept the offer and say go and get ...". (NCS3)

One of the blockages in the system relates to the definition undergirding the program. The program is designed to assist people 'sleeping rough', intended to support those most at risk who are living on the streets. This definition though was proving to be a block to supporting some people in urgent need of accommodation, particularly women. In response to a question about referral from domestic violence services, one staff member observed:

... they are probably our biggest, I guess, referrers. There are, unfortunately, a lot of women in particular who are experiencing that domestic violence, so they will report quite a number of clients I would say a week who are in need of assistance. The issue that we have is that that often their clients don't meet the threshold for our assistance so I think that causes a bit of a strain with those services, because they believe they meet the criteria and we are not sure; they don't in our opinion. (NCS4)

Fearing being alone on the streets, in order to feel safe, women are more inclined to seek shelter in refuges, or to couch surf with friends or family. This then means they are technically not defined as 'sleeping rough' so may not be referred on for priority housing. As one staff member explained about eligibility for housing: "... to be eligible for our assistance you need to be sleeping rough, or in your car, in the Newcastle LGA. Couch surfing isn't considered to be rough sleeping. If someone is couch surfing they are not eligible for our assistance. Ah, over the age of 18, and eligible for social housing". (NCS4)

Cross cultural support

The Newcastle team did not have an indigenous support worker at the time interviews were conducted, although there were hopes one would soon be recruited. However, if an indigenous person with whom the team was working wanted the support of an indigenous worker, then the team would make a referral to an Aboriginal support service or Aboriginal NGO and work alongside

that service in assisting the person. As one staff member commented, "... it is probably one of the first questions that I would ask is do you identify? What mob are you from? Are you connected back? What are the ways we can assist you with that? Quite often we do referrals to local organisations to support them". (NCS2)

The team had previously had an indigenous worker; one staff member commented that they had been under a lot of pressure as the only indigenous worker at a time when the program was supporting a lot of indigenous people. Their impression was that indigenous program participants had been fewer since the loss of the indigenous staff member. When asked whether the workload would be too great for one indigenous worker, one staff member observed:

I think so. It is kind of a frame where anyone who identified as indigenous, they would be allocated to that indigenous worker, without even requesting being allocated to an indigenous worker. So, I think it is still that backward government thinking that, if they are indigenous, they will be wanting an indigenous worker rather than a pro-choice thing, but yeah, I think that at the moment, since he has left our team, we don't have any indigenous clients. I don't know if it is just that they are not engaging with us, or not wanting to ...". (NCS3)

Staff advised that other cultures were not represented in the AOP, reflecting the population of Newcastle which they described as being "not very culturally diverse".

Relationships with other service organisations

Positive relationships with other service organisations have been described as pivotal in supporting the work of the AOP team. However, staff felt that these could be further improved. Some felt that the AO team were seen as a 'last resort' option for the most difficult service users, where the AO team believed they should be working over the longer term with people sleeping rough who lack the skills to seek support through formal systems:

Yeah, definitely areas that could be improved. I think that a lot of the time, um, when other services can't deal, or don't want to put a client in their refuge or accommodation, or even the local housing office if they find them too aggressive or not engaging enough to get help through their services, they will then make referrals to us. ... I guess we are put forward as a last resort. You are too hard to deal with so we'll get the Outreach team to go to wherever you are, type of thing, which I don't think is what our program should be about. ... But if you don't fit the mould elsewhere, they generally get referred to our program. (NSC3)

The close relationship between the DCJ staff and those at Matthew Talbot was described earlier. Despite that interdependency, separation between the two teams was lamented by one staff member:

...with other NGOs such as Matthew Talbot I do find as a DCJ worker they don't tend to work with me as well as they do with people that have worked in their office or come from their office. ... we tend to still kind of be two teams working as one, even with the Matthew Talbot workers in the outreach team in DCJ we are still kind of separated. (NCS3)

For some staff, a major concern is inadequate support from mental health services. A significant proportion of those who are homeless need support from mental health services; staff urged a much stronger connection between housing services and mental health services: "... we get the least support from mental health, which is extremely frustrating ... most of our clients have mental health

issues and will quite often go to ... substance abuse units in the area. It's the lack of transition planning when they exit from those services that creates a lot of heartache for all of us". (NCS2) Staff also hope to see greater interagency sharing of information in the interests of people in need of support. As one explained:

... in some cases, we are kind of left in the dark about what is going on with those people. We are aware that there is behaviours of concern and mental health but we quite often don't know ... for example, things like there can be some of our clients who we are working actively with them to get on to the NDIS to have support packages for them. Those sorts of things are just completely overlooked. (NCS2)

Not only was information sharing urged; staff advocated for a more interagency communication, along with integrated planning and ongoing support for people:

I think the services need to ... and I will use mental health as an example, they treat a particular component of the person and then they are just let go. There is no future planning to protect their welfare and, in some cases, there are some very unwell people, who have experienced a lot of trauma, released into the community so they are just floating around out there and we lose connection with them. (NCS2)

One positive suggestion was that regular inter agency meetings be held, to break down barriers and facilitate discussion and planning related to support people who had accessed other services. With greater input into the AOP, a plan for working constructively with people who are engaging with mental services or with those who have just been released from a correctional facility could be developed:

I feel that the mental health services, or working with the mental health services is a big one. It simply is a phone call between the two and coming up with a plan. Ah, corrections are probably the same where people are just released and yeah, it is a shame that there is not more, more planning that goes into that where, um, we get a bit of an idea that they are going to be released and probably homeless and can assess them and start working with them. (NCS2)

Initial engagement, joining the dots and mental health support ...

This is about your engagement strategy and intelligence. So, you build up your community intelligence and you go right Robyn at the park over at blah blah blah has said John is there over at and he leaves at 6.30 am, so you have to get there before 6.30. People in the community know all of this information, all the time, and half the time people don't ask. ... we find out that information by asking people ... We ask, do they have a dog, do they call the dog a particular name? They go yes, no, and so they are the subtleties of how engagement becomes more normalised. ... this particular guy, it took us one month at least, and he would go to two different parks and he would go to the bank every day. So, that is all we knew about him and he was really, really unwell and he was quite scary looking to people. So, he had shaved half his head and the rest was like wild ... he was just talking to the gods, you know, so people would be quite intimidated around him but he was never violent or anything like that. So, we picked up all of these things and we realised quite quickly that he was really, really intoxicated, probably by ten o'clock in the day. We had rung the police and the ambulance on probably three or four occasions and they were like, there is nothing we can do. We rang the mental health line, with no information because we didn't know any details about him. We said this is the description and they couldn't do anything about it. ... more and more we 'got' him; he was quite articulate we found out and he said "Oh, I am on

the streets most days” ... he told us that he had been, just had been in a hospital and been released from the hospital ...

So, it got really more interesting than that; we kept persisting with him, and ... put him into TAs, loads of TAs, and he got kicked out because he was so drunk. So, every time he got kicked out, you know, some days, you’d have to give him a code to get into the rooms and he’d forget the code.

It was just impossible ... he got banned from every TA, every single one and not because, he just couldn’t get it together, right. And through all of the processes we were developing a relationship with him and so we would turn up when he was drunk and we would turn up when he was sober and he quite liked us and we quite liked him. He was a really lovely guy, and most people are, you know. And one time there was a vacancy at the Matthew Talbot homeless service here. It was a villa at the back of where their properties are, so it was quite quiet and he could be as loud as he could and he could drink, and normally they don’t let them drink, but they allowed him to drink. So, we put a case forward where ... he agreed to stop drinking before twelve o’clock in the day and he could drink as much as he liked from twelve o’clock on and he went “That is quite reasonable”. So, we said try it and see what you think. From that point we were able to get a doctor on and a mental health team to come out and assess him. So, if we were there they would come out and do it, but not if we were not there because they felt it was unsafe ... So, we put in an NDIS application, and we found out through that that he had had four hospitalisations, in four different hospitals, so extensive history. So, when we made that triple zero call in the first place, if somebody had of just been able to join the dots and help us out, that man would not have had to spend over a month sleeping rough, unwell and sleeping rough.

So, all our resources then go into fixing this problem that, is, is quite easily, you know ... the person wouldn’t have walked out of all of those TA options, and been banned from them, if his mental health in the first place had of been addressed. Yes, he was drinking, but the drinking thing is part of it and what was really interesting was, and we find this a lot, people self-medicate. ... he had been in an accident through, when he was homeless, and he got knocked down, and he was in a wheelchair, suffering chronic pain, but he was quite clear about ... when it came to pain management and what worked and what didn’t. So, we have gone through a whole pain management process. He has seen a specialist around his pain management and he has been really quite able to deal with that. (NCS5)

As the story above illustrates, early assessment of physical and mental health needs is critical, for people in crisis where “... their health is compromised, whether it is their mental health or physical health, or they’ve got a real injury, or where they are experiencing something that is impacting their capacity, and they are not going to be able to get us anything, anything.” (NCS5) So, the only plan possible is to get them into a bed, and “... so, the expectation is not even going to be about how many nights, the expectation is about harm minimisation, and then who are all the players that have to come into this space for us to be able to make a professional decision around a case conference”. (NCS5) This has not proved easy, thus:

Now, that is always a challenge for us, getting people to turn up to those case conferences early, because generally there is an absence of mental health practitioners, because they just go, “Oh, ring triple zero” and it will all be great and ... you know what, unless they are sectioned, that is a waste of time. So, in a way they force you to get people to go into crisis when they may not necessarily be in crisis enough to be taken away by ambulance or the police. (NCS5)

When asked about how this impact potential program participants, one team member believed this was devastating and amounted to a betrayal: “Oh ... it is humiliating. the humiliation... of it is criminal. ... why have we betrayed this person like this when we could quite easily do it differently, and we could do it differently, there is no excuse”. (NCS5) Given the importance of building trust with people who may use the Assertive Outreach program, the inability to clearly assess their health needs early in the process is problematic for the ongoing success of the program.

Failures

In response to a request to describe failures of the AOP, one interviewee estimated that 10-15 percent of those they engage with do not ‘come in’ to seek further assistance and accommodation. Others have engaged through various stages of the program and been provided with a home. Unfortunately, though, sometimes the housing is simply inappropriate for the individual. This issue emerged strongly in interviews with some of the program participants. Staff reflected on this, and on the problems of then relocating people to a more congenial housing context, as one of the failings of the program:

Ah, yes, one failure that we talked about that I was just with, he is a 63 year old man. He has one eye and has some very bad health issues, but he won’t go and see a doctor because of past trauma where his mother was misdiagnosed and passed away because of the consequences. ... as a result, his housing application was treated as any old housing application. His age and medical issues weren’t taken into account because of no formal diagnoses. Um, so he was placed in probably, I would say, one of the worst blocks for anti-social behaviour in one of the biggest blocks, um, in Newcastle, and his mental health has severely declined to the point where he was telling me today that he is feeling suicidal and wanted to end his life ... I am advocating to get him transferred to a more suitable over 55s property where he will be happier, a quieter block, like minded neighbours, not 20 year olds and drug addicts running around everywhere screaming. ... the DCJ housing system is a difficult monster to overturn. Basically, the option is that he relinquishes his property and therefore makes himself homeless again and restarts the application. That is going to be the easiest option to be rehoused. (NCS3)

Effectively therefore, the ‘system’ can be forcing a person to experience a further period of rough sleeping and can cause them to lose faith in the program.

As mentioned above, there is staff turnover in the program. Working with people sleeping rough is challenging. For one, the failures were described as “... a bitter pill to swallow when you know there is a person who has been there for four months and you are the only contact with the outside world that they have and ... next minute they are not coming back for treatment and they just fall. It is becoming a big problem for us I think”. (NCS2) The same staff member explained the difficulties of dealing with people who are drug affected, particularly by ice use, “... you never know what you are going to get when you engage with them” (NCS2)

Understaffing of the program was leading to stress; as one staff member described:

... the workload for a lot of staff ... does create a lot of stress. And then you add on to that the level of reporting that is required ... and the admin side of things. I mean there is a lot of work that goes into just a phone call with a client by the time you record everything in the couple of places it needs to be recorded. It takes quite a bit of time which then creates more stress because you are missing out on more stuff so it just kind of all snowballs. (NCS4)

One staff member commented that the older staff “have the wisdom of years” and, over time, have learned to manage difficult behaviours without being personally affected by them. They have:

... benefitted from the exposure to life experience and ... the average age of people who we find are rough sleeping, they tend to be in their probably thirties and forties ... if you’ve got a twenty-year-old sitting there with you in the corner looking at you and like what can I do for you today, they are like go away luvvie. ... it is very hard when someone is saying to you, you f---ing get f---ed, I don’t want to ever see you again. They go like, they don’t like me, and you say don’t worry about it, this is not about you, it is about them being drug affected or blah blah ... you have to have a lot of experience in managing really difficult behaviours ... the way you do that is being exposed to difficult behaviour, but we don’t have those environments. There’s not many of those environments exist anymore, so it is challenging. And, I think that people have to one, to get the experience, and two, know what to do with the experience. (NCS5)

Even the very experienced person in the team reported that “...the policeman happened to say, oh, how is blah, blah, blah going, and I was like, please don’t ask me today. This particular person ... your day was crap because this person was out of control. Chaos, just chaos”. Thus, the work role was described “not all roses” and “it is just relentless”, but “... the older you are and the more you have seen, it doesn’t impact half as much and also you kind of go, if that person is being violent now, then this is a police situation. I am very clear ... where the line has to be drawn when it comes to violence”. (NCS5) Staff need the capacity and experience to make appropriate judgements about how to respond to difficult behaviours.

Improving the program

Staff believed they were understaffed. When asked the extent of this, staff replied ‘critical, critical’, united in the view that more staff are needed to be able to adequately support those transitioning into permanent housing. Some referred to the administrative burden they had to contend with, suggesting the need for a dedicated staff member to provide administrative support to free up time for staff to work directly with program participants:

... if you are going to look at the program ... we lose so much time with the admin side of things. We, we’re using so many different systems to record the same information multiple times, and that is time that we lose with the clients. And that is why we are here, is to achieve, to achieve something positive for them. I’ll rephrase that, to help them to achieve something positive for themselves, and while ever we’re stuck behind a computer, you know, typing and recording information multiple times, you are losing those opportunities to, to get those outcomes. So, I think that is one, that is probably the biggest drain on us, that really does have an everyday impact, um, just how much time gets used up. (NCS4)

As discussed earlier, people are often referred to the AOP team when they have been found too difficult to deal with by other services. Concern was expressed that the focus of the program should be on those who genuinely lack the knowledge or skills to seek assistance. As one staff member explained:

I think that our program should be more around not just for the people who have gone through the other systems and haven’t met it. I think it should be around people who don’t know how to start with the system. For example, we met a bloke the other day who just didn’t know even how to put an application for housing in, so he lived in the park his whole life. We went out and saw him and helped him with a housing application. He didn’t even know where a housing office was.

That is the kind of clientele that we should be focussing on, not the people who have just come to them and just don't tick the boxes for everyone else so, you know, come to us. I think it should be for the people who genuinely don't know how to get help. (NCS3)

The inappropriateness of housing for some people has been mentioned above as of concern. The inadequacy and low stock of social housing is a broader systemic issue. This means that AOP participants are sometimes offered housing which staff acknowledge is less than ideal, thus: "... there are some properties, and that is not just in Newcastle, it is throughout the state, that a lot of people wouldn't accept. Our cohort of guys are a little bit more flexible I guess is the word. Our guys are a little bit more willing to accept those properties". (NCS4) Further:

... it is always hard to find places. Um, I think we, we're able to house people in properties that your regular clients wouldn't want, so, yes in a way, we have taken some stock out of the system. ... it is a much bigger thing than our team in terms of the stock, I mean social housing has been neglected for so long, that ... it is always a struggle to find suitable properties for our clients, particularly for the ones suffering from mental health or drug and alcohol issues. (NCS4).

Some people who had been housed referred to the social issues attached to the blocks of apartments in which they were housed. They felt that their location could lead to trouble, particularly to reengagement with drugs, alcohol and other addictions or with people who might drag them into negative patterns of anti-social behaviour. Staff confirmed this:

... with housing I think you can find trouble. Wherever you are, you can find trouble. Obviously ... some of the properties that have been offered I think were inappropriate, and they've been the ones really, and they fall over a lot quicker than another one will, but ... it comes down to what stock is available and, that's yeah, it is a real issue that one. (NCS4)

The need for more sustained after care support was also urged. Some of those offered homes are unused to living in a house and lack the skills or technology, such as computers, to engage with utility companies, for example. The following lengthy interview extract illustrates the complexities of this ongoing engagement:

First thing we'd do is set them up ... with some basic stuff like, bed, frig, some cutlery, just to get them ... start to make the place feel like home. Following that it is regular home visits, just while they are finding their feet. For a lot of the clients, it is the first time they have ... lived in a property for years, they've never ... helping them set up your electricity, gas and that kind of thing. And then, yeah, making regular visits as their needs change, making sure the property care is good, they are paying their rent, not engaging in any anti-social behaviour and working with the tenancy team across the road to ensure that they are not placing the tenancy at risk. ... just regular visits really, just making sure that they are safe and happy where they are and just making sure that they are not beating the paint off the walls or setting the place on fire, that kind of thing. ... with this particular kind of client, you know the ongoing mental health, is making sure that those support services remain engaged. And that is a systemic thing, where those sort of support services do drop off ... so making sure that the client is still engaging with their support agencies, to make sure that that tenancy is successful. The last thing that we want is for the tenancy to fall over and the client to end up back on the streets. (NCS4)

For this staff member, housing people had been the primary focus of the program. A shift towards greater after housing support would be beneficial for program participants to ensure success in maintaining their properties:

That post crisis support, and making sure the client maintains the tenancy, has been neglected for want of a better word, and we have seen a few tenancies sort of ... due to like either a disengagement from the client or us not being as proactive as we should have been, seen a few tenancies fail due to anti-social behaviour, or the client's mental health declining, or back on drugs, using drugs or something. So, I think that is probably one area that the team could certainly improve on. (NCS4)

Another staff member observed that there is a need for change in the language used by the services with a mandate to support people sleeping rough, for the terminology in itself can be alienating, for "... even the word case workers is a weird title ... because you are inferring that there is a case ... in my experience, and I have worked in the homeless sector for twenty-five years, cases are usually referred to either by judges or courts". (NCS5) Thus, the systems and terminology are:

... embedded in things which are quite negative. ... we have an order for us to put our housing applications across the road, we have to have case plans. I mean, what does that mean to a person when we say we have to have a case plan, if you have been through prison and all of that? I mean, I just think, I try to say to people it is about a support plan. ... we are constantly stuck in systems that they refer to people in facts as clients ... I say it is about the person and it is person centred practice. (NCS5)

The language, and the culture it is suggestive of, are seen to be embedded in systems in New South Wales and "... it did feel like, you know, you are retelling stories that you shouldn't be telling any more". They appealed for a shift to person centred practice and to "... just get up to date with contemporary practice and just, you know, change the language". (NCS5)

Staff were critical, too, of the use of VI-SPDAT, The Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT), a screening tool used by practitioners to support collaborative decision-making within and across agencies so as to provide the assistance required to house people. This is being used by a number of agencies in New South Wales, and recommended for use in the Together Home program; AOP is a part of that strategy (NSW Government, 2020). The VI-SPDAT relies on documented and disclosed information, which is used to calculate a vulnerability index, which in turn is used to determine priority for allocation of housing. However, staff advised that this measure was flawed, for:

Now, the VI SPDAT, now I had an Aboriginal woman recently and we were going to nominate her for Together Home. So, and she scored really low, and I was baffled as to why she scored low in the vulnerability index. And why did she score low? One, because she didn't access domestic violence services when she got the shit beaten out of her ... she was put into a position where she was having to have sex with men constantly because she was vulnerable, and it is not even asked. It is not documented. She was being subjected to violence on a nightly basis and we couldn't actually demonstrate it on the VI-SPDAT. She was not calling the police or emergency services for treatment, so it doesn't capture any of it. (NCS5)

Additionally, it was pointed out that people working in the sex industry are unlikely to call police. Many of the questions are also irrelevant for Aboriginal people "... if you ask if they have contacted emergency services, because they are just not doing it. Ask a different question, give it a good rating, then you will get a different answer". (NCS5)

Although flawed, other staff believed this tool could be useful if staff were trained in its use and shortcomings. The VI-SPDAT could support use of the By-Name List (BNL), a real-time list of people experiencing homelessness or are at risk of being homeless and/or sleeping rough who have

consented to having their personal details included on a shared database in New South Wales. The database provides nominated Specialist Homeless Service providers and other agencies or departments such as DCJ with real time information on a person.

The model of housing which asks if people are 'housing ready' was also criticised. As one staff member observed, "... it works on the principle, are you housing ready, and you have to demonstrate that". (NCS5) There is a requirement for instance, that people keep a private rental list while in Temporary Accommodation, a private rental book to indicate that they have been actively seeking housing, that they have a really good 'case plan' and supports in place and are actively engaged with a specialist homeless service. The view was expressed that more education is needed for a range of services and organisations about a 'housing first model', which involves looking through different lenses compared to a model which asked people to prove they can sustain a tenancy in order to access housing. As part of this shift, the AOP team would like to know the number of people who have been deemed to be unsatisfactory for housing and on what basis. A housing first model would focus on building capacity to stay in housing and providing the supports needed to increase the likelihood of sustainable tenancies. Thus:

... from an evaluation perspective ... on average our figures do demonstrate that somebody has had a tenancy prior and that person has fallen off, and it could have been more than once, and we kind of think to ourselves, what are we learning, and what does housing need to learn about that? So that ... a person's experience doesn't end up being rough sleeping, you know, after all that, after going through housing ... it makes me really sad to think that that the person is on the roundabout again and we are going around, but where do we, how do we stop this? Is that about mental health, is it about their capacity to budget and what supports do they need to help them? And if they weren't there the first time, well why weren't they there the second time and ... who could be the person who has the vision of that because there are tenancy staff that manage tenancies, but maybe have a look at the human in them ... You know, I think there is an opportunity. (NCS5)

PARTICIPANTS IN TWEED AOP

In all, eighteen interviews were conducted with AOP participants in the Tweed, involving nineteen persons. The interviews included one couple; both parties were interviewed together and their demographic data has been included in aggregate as that of individuals. One female interviewee did not provide age and all demographic data, so some totals are comprised of 19 responses. One interviewee, a migrant with limited English language skills, was assisted at interview by an interpreter.

Gender

Of those interviewed, eight were female and eleven were male. There was greater representation of females in the sample than was the case in Newcastle, reflecting the fact that partner organisations worked with all people, regardless of gender identity (when compared to Newcastle where a male only service, Matthew Talbot, was the service organisation primarily referring clients).

Age distribution

Ages of program participants from Tweed who were interviewed ranged from 35 to 72, with the age distribution skewed towards older age groups. Seven of the 19 persons in the sample were over the age of 50. Of those in the older age groups, one was in their 70s, three were in their 60s and three were in their 50s. Eleven persons below the age of fifty were interviewed; eight were in the 40-49 age range and three were in their thirties. One of the respondents did not provide their age. As was the case in Newcastle, younger persons below the age of thirty were not in the sample. Presumably these are more likely to move back to stay with their parents, to live in shared houses with multiple residents or are prepared to couch surf with friends, camp or 'sleep rough' without seeking assistance.

Military service

Only one of the people contacted through the Assertive Outreach Pilot in the Tweed had served in the military. A settler in Australia, military service was in his country of origin.

Income

None of those interviewed were in the formal workforce at the time of interview. Only a few described ever having had formal work. One had made a living formerly by sub-letting rooms while living in rental accommodation; another, now retired, had a history of having worked in the construction industry; one person found work occasionally on a casual basis as a security officer. Most, had been long term unemployed. All participants were currently on income support. Nine were supported by disability pensions and two received the aged pension. The remainder received Jobseeker. One was studying at the time of interview. Two others described having had to forgo completion of TAFE studies; their homelessness, exacerbated by COVID-19 lock downs so they could not access libraries for computer access and resources, meant they were unable to continue to meet their study commitments.

Cultural identity

Of the nineteen program participants from Tweed who were interviewed, eight identified as being indigenous. One of these was a Torres Strait Islander. Of those who identified as indigenous, four described themselves as 'living on country'.

One of those interviewed was of Chinese background, having come to Australia to marry. One was from New Zealand and another from the United Kingdom; both had been resident in Australia for the long term.

THE ASSERTIVE OUTREACH PILOT PROCESS IN THE TWEED

First contact with AOP

In the Tweed area, the Assertive Outreach Pilot team travel around in a Blue Bus. They are largely identified through this and people spoke of the 'boys in the Blue Bus'. Many said they first heard about Assertive Outreach from the Blue Bus or by word of mouth from other rough sleepers.



Photo: Tweed Heads AOP outreach team

When asked how they felt about their first contact with the AOP team, one exclaimed, "Oh, great! I thought, what a relief!" (THC6). A woman living in a trailer at Fingal similarly described relief at being approached by the AOP team in the Blue Bus:

... the cops started coming a bit when I was at Fingal. ... they approached me and that was the first time. I had heard from before that that they were taking all the black fellows from around Duranbah, yeah, so they were getting all the black fellows from the bush around there, and I was thinking well how do I get seen, because I had had enough of camping by then. It wasn't fun anymore; you know what I mean? Ok, so, I don't remember officially becoming on a program until housing came and found me, the scouts came and found me and by that time I was very grateful and would have taken anything. (THC4)

As had been the case in Newcastle, the AOP team were proactive in searching for people who needed assistance:

Blue Van came up and actually found me up the hill. They thought I had a good set up there but it was Mozzie infested and that ... they've just wandered up and had a look around the hill and next minute I've looked out from my tent and they called out 'Is that you [name omitted]?' I wandered down and started having a chat to them and realised they were part of the Blue Van. They got my details off me and this other girl's details off me. Realised they couldn't help her [because she

was under age] so they've come back the next morning and they've gone 'Go over to [motel name omitted] and grab your key by 12 o'clock'. They got me a room in there and I've been in there about five or six months. Before that I didn't know anything about it. (THC9)

A 66 year old pensioner, who had been living in a van in the Tweed region for over two years, described himself as fortunate compared to others because "... you know, I was lucky, because I had somewhere to sleep every night. I had a roof over my head basically in the van". (THC18) In that situation, he was "... quite happy in my van, basically. The only time it ever got annoying was like when it rained, you know, if it rained for a week", although he would have liked to go out and rent a place but could not afford it. He described his first encounter with the AOP team:

I used to sleep up on top of Point Danger because it was a reasonably safe area and it was cool and there wasn't a lot of mozzies because you are up high and you have a nice breeze; so, it was just a good spot. ... They woke me up about 7 o'clock one morning and they asked me what I was doing and I told them and, um, the guy who was with them, he went away and he came back about 5 or 10 minutes later and he goes you are into the motel down here at, um, I can't even think of the name of the hotel, you can go in after 1 o'clock. And I was just sort of sitting there, and I looked with wide eyes at the lady I was sort of talking to, and I said what has happened you know, and she goes, oh you fit the criteria for us to be finding housing for you and, uh, we have got you into a motel for a week or whatever it is, and I was just stunned. (THC9)

Another was "... living like in a room or in my car for about two years, and I was studying and working. But, actually, living in my car, I was homeless for about two weeks, living down in Murwillumbah when, yeah, the boys in the blue bus came and approached me". (THC3)

One couple described being approached three times by the 'boys' from the Blue Bus. The first time they were asked if they were sleeping in their car, and the couple said no, scared they would be moved on. The second time:

I saw two fellas walking up who definitely looked like two policemen, detectives. So, I thought, "Oh no", and I jumped out of the car so they didn't annoy her, you know, and they looked at her and said "Are you sleeping here" and I went "No" and just jumped in the car and drove off. I went, and hon's asleep and she said "What are we doing?", and I said "we are getting out of here, the police want to talk to us". (THC13)

On the third encounter:

I opened the window and I thought, oh here we go, and we all sort of got up and laid in the back of the car and spoke to them through the side window and I said "Oh, what is the matter and all that" and he said "Would you like somewhere to sleep?" That is exactly what he said. And I looked at them and said "Who are you?" ... And I looked at hon here and I said, "Where are you coming from, you look like father Christmas here, because no one has ever come up to me and said would you like some accommodation". (THC13)

Others described hearing about the AOP at Fred's Place or Agape, two non-government local service organisations. When asked how he came to know of the AOP, one replied: "Ah, I already knew about them. I sort of knew what was going on. ... I was going over to Fred's for a number of years and I already know everybody". (THC1) So, he knew about the Blue Bus from his friends at Fred's and when he wanted assistance he found "... only what I sought out myself and only from word of mouth from others" (TCH1) A Centrelink worker from South Australia called this individual, having realised

their address had changed to Fred's from a previous address, while he was still collecting rent assistance for the earlier property. He recalled a conversation where this issue was being discussed:

... and he said 'where are you now?' and I said 'camping down the river. We are sitting near the fire'. He said 'oh, right' and I said 'where are you?' and he told me 'South Australia'. And I said 'it is not like that here, it is a mild winter' and at the end of that he said, 'well, there is help there' and I said, 'oh, what do you mean by that' and he said, 'oh, your Centrelink social worker' and I sort of clicked with that because they are the most powerful social workers. So, I booked in an interview with them, but I didn't actually get that interview. And then they must have put the teams on to us sort of thing, so different social workers had been put in place and they started contacting me and asking questions. (TCH1)

So, for some, contact with AOP was serendipitous, arising from referral, in this case from a distant concerned person in another government department. This demonstrates a collaborative and supportive approach across different government departments. That the individual already knew of the Blue Bus assisted him to be prepared to meet with AOP staff.

Temporary accommodation

Many of those interviewed in the Tweed were still residing in temporary accommodation, waiting for allocation of housing. A shortage of suitable housing in the region meant that many had been waiting for a prolonged period.

Some knew of the possibility of accessing temporary accommodation, but had not used it until they were approached by the Blue Bus team:

Well, in each year in NSW housing will pay for 28 days accommodation if you are homeless. And the way it works is, say, the first time you go in to see them then they will give you three days to a week until your pay day and then your pay day comes along and you've got to pay a chunk and they pay a chunk and then you are entitled to 28 days accommodation, TA accommodation. I'd known about that program for years, but I'd never used it. (THC1)

Others had not known of the availability of this opportunity and their first knowledge of this was when the "Blue Van" advised of "a funding system to help people out for a certain period of time". (THC9) Another first heard of temporary accommodation when approached by the men in the Blue Bus, serendipitously, at a point in her life where:

I didn't really know what I was going to do because it was when COVID-19 first went into lock down, and I think they were trying to get everyone off the streets, so they put me in a motel. I think I was lucky. I was homeless at the right time and that was why everything was dealt with so quickly. ... I was in there for about three or four months. It was awesome. ... it helped me because I was able to continue my study. (THC3)

Another was similarly happy to be able to stay in temporary accommodation:

I was happy because I have my own space, even though it was a motel, like I had people to talk to and I am a clean person, so I cleaned my own room. I was happy there and I could just rest there. I was at the [motel name omitted]. Most of the people there were on the program as well. Two of them got a house when I was there. I was only there three weeks. There was one, two, three, four, five, seven or eight, and there was only fifteen or twenty rooms. Probably not even that. I reckon there was ten people there. (THC7)

One older man commented about temporary accommodation: “Oh, I loved it. It had a bed, TV, toilet, shower, you know, it was, a fridge, toaster, you know, things that I, well in my van I had a little fridge, but ...”. (THC18) This person did not encounter problems with other people in temporary accommodation, choosing to largely keep to himself. He described sleeping where there were twenty to thirty other vans each night, but being very glad to have accommodation because, when living in his van, he was regularly moved on by the Police and “on the Qld side of the border they hassle you a bit”. (TCH18).

A prolonged stay in temporary accommodation after the freedom of an itinerant life was not easy, for some people:

It felt very alien to me, cos like even though I had been in accommodation for a fair while before that, um, yeah it just felt very foreign to me because I got so used to being out in the wide open spaces and being brought back to four walls ... It sort of brought me back to being back in prison and feeling caged in, like, even though I had a key to my door and could walk out any time ... rules brought it back to the gaoly thing for me; can't have visitors, can't do this, can't do that. It is like that is not sitting well with my PTSD. I need people to talk to, especially sane people. I can't sit in a motel with a lot of nut cases ... That made it a little bit difficult. (THC9)

For another “It was hard because I was just used to being outside, yeah”. (THC7) However, she was persuaded to go into a motel because “I just got sick of being on the street. I'd had enough of it and I'd got a lot really sick in the last year”. (THC7) One described problems at some of the motels where temporary accommodation was provided for “it does attract riff raff you know”. (THC8) The person kept to himself to avoid any trouble and was “very, very grateful every day for the opportunity to have a place to stay” and, as a result of having somewhere to stay “I know my body mate and it is a lot, lot better” (THC8). Not knowing what the future held was a source of some anxiety though and the hope was that accommodation would be found “somewhere round here”. (THC8)

In terms of requirements, several interviewees explained that they had to keep themselves out of trouble and assist to look for permanent housing for themselves in order to continue to stay in temporary accommodation. Some contributed to payment for their accommodation, although one person had not been asked to do so. With debts to pay off, he was using the time in temporary accommodation to try to eliminate small loans and debts, to free himself so he can manage when a house comes up for him and to help him get his life back on track.

For some, staying in the motel for a prolonged period was very isolating, as “... motels are somewhere you are only meant to be there for a short time”. (THC9) In terms of support in their room, they simply asked when they wanted their room cleaned, usually about once a week. Some described having an electric fry pan in their room so they could do some basic cooking, but others relied on being able to visit Fred's Place and Agape to access food, supplemented with visits to the shops.

Housing provision

Several fortunate people were housed within a few months of their being offered temporary accommodation. One interviewee refused the offer of one apartment because it had no yard at all. After three and a half months in temporary accommodation, he was taken to see another property and:

I was a little bit scared because, whatever it was, I had to take it. So, I went up and had a look at this place and the basic set up was the same as the other one, but this one had a really nice back yard. It was not really nice, but it was big enough to put a shed in and it had a garden area where I could plant some flowers and stuff. ... there is three blocks of four units. Very nice. Like, to look at it you wouldn't think it was like a housing commission or whatever, social housing. Like, it is a really nice-looking block. When we pulled up out the front, I was just stunned. (THC18)

He described the rent as affordable, that he could just manage to pay his electricity, and enjoyed choosing and cooking his own food after several years of relying on Fred's Place and other services for food.

The majority of those interviewed were very committed to staying in the local area, yet shortages of local social housing meant a prolonged waiting period for many people before they were able to access housing. Some feared being offered housing out of the region, particularly in Grafton. As one person expressed their preferences: "I want to stay around here in the Tweed area or Kingscliff. If I go back to Grafton, because I have been there previously, I will fall back into my old drug ways. I've been clean for a year now and I feel much healthier". (THC9) This individual was trying to keep himself fit and positive while waiting for a house: "I go out and do a bit of fishing and swimming and try to reenergise myself". He knew of six people who were housed recently, so declared: "I am looking forward, not looking back, and hoping that can happen with me". (THC9) Others desired to stay in the Tweed region because they had a history of surfing and fishing and preferred a coastal location.

Another person similarly did not want to move to Grafton. Thus, when, with his daughter, he was offered a home in Grafton:

Ah, yeah, well, ah, they offered us Grafton housing, but it was just, well, I wouldn't take it. Then they went into Social Futures sort of thing and said right can you get letters for us from the doctors and from anybody you work for and give the reasons you need to stay in the Tweed area. ... I wouldn't even go and look at the property. I know New South Wales. (THC1)

Subsequent to this, with the support of Social Futures, housing was made available in Kingscliff. This man was effusive in his praise of the case worker at Social Futures who had supported his transition into permanent housing:

Social Futures just took me down to the Op Shop and just said, what do you want, and they said give him that, give him that and give him that. It was awesome, it was like Christmas. ... it was all made very, you couldn't rent a place that easy. I mean even just sitting down with Housing it was just like the easiest lease you've ever signed. (THC1)

Social Futures paid two weeks bond and stressed that there should be no anti-social behaviour. The housing provided was described as two bedrooms, quite large, with a verandah, and very pleasing for its occupant who enjoyed the convenience of being thirty seconds to the beach, shopping centre and pub. He found his new home quite affordable, having to pay 25 per cent of his income on rent. Most importantly, he was able to have his daughter's name on the lease, and Housing were unconcerned whether she moved in or not, which gave her choice as to whether she moved in.

While one felt that the program was culturally appropriate and had spoken to a few Aboriginal families as well as a lot of whitefellas who were happy with it, in response to whether it would help to have an Aboriginal case worker: "I reckon it might actually get a few more of these indigenous

people off the street. Shit loads of them still on the streets and some of them are not willing to move into accommodation". (TCH9)

One person described having been allocated permanent housing, but "I don't live there". (THC7) She felt unable to continue to reside there because of bullying from another resident who she claimed:

... cut my Christmas lights down, and she just moved me bins all the time, and you know she was into my letter box. One day I got angry with her and she tried to have a welfare check done on me by police when I was in hospital and with the real estate tried to discredit what I tried to say. ... she causes all the drama. ... they live right above me, she is always stomping. They put their rubbish, they throw their rubbish over. It is like disgusting. (THC7)

Further:

I wasn't told there was asbestos in the building and, since I went there, I got sick. But I am still paying rent because if I don't no one will help me get somewhere else. North Coast housing want to contact the real estate and get an AVO. What is that going to do? Half of the people there do not come out because of this lady and her friends ... the other reason I kept the house is that I want my daughter back but no one is going to let me daughter stay in a place like that. ... there is exposed asbestos and no-one told me about that. And there is no fans and no air conditioner and there is full sun on it all day. It is that hot. ... Since I have moved there, I am on asthma puffers and I have never had these before. (THC7)

There was follow up with clients, which is laudable. However, one person found this intrusive, commenting that "North Coast Housing want an appointment with you every week in your house. It is like you can't be trusted. It is like very week and the conversations are about stuff that they never do and that is why it is tiresome and I don't care for it". (TCH7)

ATTITUDES TOWARDS THE AOP IN THE TWEED

Overall responses to first contact

The majority of Tweed participants were overwhelmingly positive about their experience of the Assertive Outreach Pilot. The relief expressed in the following comment by one AOP person typified that of many of those interviewed:

Oh, great. I though, what a relief, because I am in an old van, and sometimes it used to leak, so I had to get that fixed where the hutches on the roof leaked. So, it was such a relief because, like the golden retriever is quite a big dog and it is only a small van. (THC6)

A 47 year old, who had been a ward of the state from the age of two and a half, and had spent her entire adult life without a home, enthused about the house she had been given after spending eight months in temporary accommodation in a motel: "it is the best place ever ... it's got two bedrooms and it's got two en suite and a big lounge room and one of the rooms has got air con and its got ceiling fans. And there is a beautiful back yard for the dogs." (THC17)

Of course, some had less than positive experiences of temporary accommodation and of the housing allocated to them. The reasons for this are described after positive aspects of the AOP in Tweed are highlighted below.

The Positives

Tailored personal support

As was the case in Newcastle, many of those interviewed reported personal support that was tailored to their specific needs. That took many forms, from referral to appropriate support services (medical, psychological, drug and alcohol, legal or Centrelink) and assistance with completion of forms and applications for support under the NDIS scheme. As is evident through the cases described here, some were able to choose properties which suited their needs. It is also clear that the person centred approach meant that time in temporary accommodation and the contribution required in terms of payment for accommodation varied, reflecting a flexible approach and responsiveness to the circumstances of individuals.

As one exclaimed at having a permanent home to call his own: “I was just like, you know, I can’t believe, how good is this? I’ve been kissed on the arse by a fairy!” (THC18). From point of first contact, AOP participants uniformly affirmed that staff had treated them with respect and dignity, thus:

Sure, I couldn’t be happier with it. Everybody I have been with has been really so helpful, it is, I truly couldn’t say a word against any of them, they are all so nice and helpful. You know they rang me up today and they were saying, can we do this and can we do that, and I was saying no, no, no, I am alright. (THC18)

Practical physical provision

As was found to be the case in Newcastle, SHS organisations in the Tweed had adequate brokerage to assist people to set up their new homes. As one person spoke of the support given by Social Futures to furnish the house newly allocated to them: “Oh they were brilliant, they got us a brand new bed, and a fridge, TV, washing machine, so we were all set up like in that perspective. Well, they explained that we had an allocated amount of money. The furniture the lot. We were really looked after.” (THC13)

Relationships with other services

People in the Tweed were supported by a number of other services. These included Fred’s Place, Agape, White Hall (a men’s shelter). One said that he no longer wanted to hang around Fred’s Place because the sort of people there, “they were the sort of people I was”. (THC8) Having struggled to overcome addiction issues he commented “I don’t want to get into that stuff ... I got to use this opportunity. This is a stepping stone. You know with the Men’s Shed and the opportunities ... and I am still healing”. (THC8)

A number of AOP participants sang the praises of the NSW Health appointed nurse: “She is like an angel, there is no way you could take the halo off her, no way” (THC8) This client, declaring himself an alcoholic, as well as a frequent drug user, was supported by the ‘boys’ from the Blue Bus and the nurse to seek rehabilitation. On exiting the rehab program, he rang the nurse who collected him, accompanied by a member of the AOP team, who organised temporary accommodation in a motel.

One person described the way that Social Futures introduced them to the Men's Shed, where he hoped to make canvas frames to support his plans to commence art work. Another explained that he had been pretty depressed when living in his van and that, after contact with AOP and the lady with the team in the Blue Van, the lady, a case worker from Momentum Collective, organised an appointment with a psychologist and a doctor to assist with his depression.

One individual had left Byron Bay to attend a medical appointment for a scan in the Tweed and:

Because of COVID there was no buses going in and out of Byron. So, I come up here and I've got a swag, but I just didn't go back. ... It was actually a blessing there was no buses going back in there, cos I had my swag and I was living around the river and that. And the boys in the Blue Bus came and I said 'No, I am ok here'. Then I explained my medical issues, like I've got with my pancreas and stuff and they said we've got to find this fella somewhere to live. (THC8)

The AOP team took this person to hospital, supported them when they left hospital after surgery to go to rehabilitation, and later assisted him to access temporary accommodation. Other participants similarly described being supported and encouraged to attend appointments with psychologists, doctors and other health providers.

Safety and security

Being able to access permanent housing also offers security. As one grateful person explained:

I feel I am not going to get kicked out or, yeah, I do, I do feel, for the first time in a long time this is the most secure that I have felt. Like, I raised three children by myself on the coast and working full time in racing. I did it all myself, but I never, never really felt secure. The job was never secure; as the numbers went up and down, you were constantly living in uncertainty. One week you'd have more than another you know. I never really felt secure. I was always living from week to week you know, so now I do feel secure; like I know I've got a roof over my head and that is the main thing, 'cos if I know I have a roof over my head and food you can build on getting a job. (THC3)

The same person felt much more positive about her life and strongly supported in dealing with the challenges which faced her:

All of it has been good, from the moment that those boys came to me at the river bank, my life has just been going uphill. Of course, I have had challenges, but most of those are personal challenges, like dealing with the trauma and the pain, but a lot if it is like associated to what has happened in the past, because I am fixing it now, you see, but I have support for what I am going through and it is real. Like, it is my stuff, and there is someone like to understand it and say it is ok, you know. (THC3)

An Aboriginal couple who had lived for years in a car explained that, as a result of the AOP, they felt safe for the first time:

P2: The fact that they go out and they find people that aren't in safe living situations and then place them in motels and they give them like this and things.

P1: Absolutely it was massive, it was massive and we both agreed on it that like ...

P1: I put a vegetable garden straight in, and then I did the whole front garden in flowers for hon. She has never had a flower garden or anything.

P2: And I've got a flower garden. And I've got a planter box, all those things that I've wanted to have. Oh my God ... I am going to cry.

P1: That is the first time we have ever felt that we were safe. (THC13)

Housing is foundational

As was the case in Newcastle, finding a home proved life changing for many. As one person enthused: "Ah, I'll take off now. I don't really ask for help. This is more help than I've ever got in my life. So, yeah, it is enough of a kick for me. I'll be trying to help other people now. I am on that side now you know". (THC1) More than being grateful and wanting to give back:

My mind is racing that much with all the things I can do now that I couldn't do before. Well, I inherited some bees and I have still been doing that, but because I am learning it has been hard to set up the TAFE course, but when that course starts again I can jump into that. And there is a garage so I can have push bikes and paddle boards. Yeah, they are all things I need for my fitness and my back sort of thing. And me daughter. That is probably the major thing. (TCH1)

Another similarly indicated that the AOP had given him hope: "I have got the brighter future which I am looking forward to". (THC9) This person described working towards having a home, and then finding work and having a pet and things to do.

Having a home enabled several people who were assisted by the AOP to contemplate undertaking study to grow new skills, to seek income earning opportunities and to re-build relationships which were difficult to maintain while rough sleeping.

More than life changing, the program made the difference between life and death for some. One 45-year-old program participant explained that his parents wanted to meet their support worker and said there was no way they could thank her enough for the support their son had received. He affirmed:

If it wasn't for the program, I would be dead; I wouldn't be surprised if I was f---ing dead. I hate to say that but I mean it, in gratitude to the program. Without the encouragement of my immediate family and the program, which are also my family, without their confidence and their help I would have given up, but they have given me encouragement. I am not ... religious and that but I do believe the angels that have been sent to me, like you know with the program, without that, flat line. (THC8)

PROBLEMS IDENTIFIED WITH AOP IN THE TWEED

Staff turnover

Some individuals had experienced changes in case workers resulting from staff turnover in the program. For some, this proved confusing and disruptive, and they felt there was little 'hand over' in terms of new staff being provided with background about the people they were to support. Thus, "When they transfer between case workers, some of them don't even talk to each other". (THC9) Lack of communication between case workers and between services dealing with the same person, both in NSW and Queensland, was described as problematic.

One person complained that, although she was housed in west Tweed, after being taken into Social Futures to sign some papers, she received a phone call to advise she had been allocated an out-of-town case worker from Lismore. She found this unhelpful, explaining: "I didn't meet them. They are trying to work from Lismore to do the job here. They have to travel two hours and they want to see you every week. No wonder they've got no time to do the job because they are in the car travelling". (THC7) She didn't know the extent of their area, but knew they had clients all over the place and felt the meetings were just "check box meetings ... it is basically Avon to me. They work on commission in like government created jobs. They pay people to come to your house every week to help you". (THC7) She also observed that the rent to be paid was calculated on the money she was receiving at the time, but since her income had dropped there had been no reduction in rent.

Inadequate communication

Lack of communication extended to people not having clear explanation about the relationship between service organisations and who they were working with as their 'case worker'. Many of those interviewed were unclear which organisation they were attached to. As was described above, they not only experienced changes in case workers but were confused about which organisation was supporting them. As one described of her initial support within the AOP:

Well, I think it was Outreach. So, this is the problem, you don't really receive a lot of information with what is going on. You kind of, I am only just really starting to pick it apart now, and that is what you know. Only because I have been going through a lot too. I think it was Outreach and then it was Momentum. And then, now I've been passed on to this Social Futures. (THC3)

Some found working out which government department was responsible for what confusing:

... there are so many of them I couldn't keep up with them. I can't even remember which one rang me. So, there's housing and there's DCJ with a couple of different divisions and a couple of different ones and I couldn't even tell you which one the lady was from when she rang me up that day. And she sent the team out, the Blue Bus boys, to pick us up. (THC1)

Another described being with North Coast Housing, introduced through the Blue Bus and being confused as to who was assisting with what.

Many described the most helpful people as being at Social Futures and working at Fred's Place. These case workers were able to negotiate and communicate with the confusing array of organisations for AOP participants, some of whom lacked the skills to communicate effectively with service organisations themselves. One staff worker from Social Futures, who had formerly worked at Fred's Place, was described as "relentless and got me the help. ... They got me appointments and that started to work". (THC7) However, that person had left the organisation.

Temporary accommodation not suited to individual needs

As described previously, most people were delighted to be placed in temporary accommodation, with access to a clean, dry space to sleep in, along with a bathroom. For some though, their circumstances meant that the temporary accommodation was unsuited to them. Many of those interviewed, particularly those previously dwelling in vans, had a companion dog. Few motels allow people to have a dog in the room with them. For some, their pet is their closest companion and they

were unwilling to put the dog into care to be in temporary accommodation, instead choosing to continue to sleep rough.

One couple, after having been homeless and sleeping rough for 15 years, were in temporary accommodation, when learnt that their young adult daughter had been 'dumped by her boyfriend' and was sleeping in a park. Although the motel manager was willing for her to join them and the AOP staff team were supportive, the couple were not allowed to have their daughter join them in temporary accommodation. They were told they had a dog with them in the room and the dog was classified as a 'third person'. So, they ended up back on the streets camping together, rather than have their daughter left sleeping rough alone:

Yeah, but the dog ain't no person. It isn't classified as a person. Even the owners of the motel couldn't understand what the Department of Housing was talking about when they said there was already three occupants in the room. They literally classified my dog as an adult in the room and refused to put her in there. (THC14)

As was the case in Newcastle, some found an extended time in temporary accommodation an isolating experience, while others were disturbed by the behaviour of other AOP participants who were staying at the same motel.

One person had an extended stay in a motel room which they found so uncomfortable that "... during summer I couldn't even stay there, it was a nightmare, it was a hot box. It had no air con and it was full sun morning and evening. I'd have to get out of there, I couldn't even stay there. I would have been better off in my tent." (THC15)

An issue which emerged for some people related to there being inadequate room in a motel room for storage of the possessions which had supported their itinerant life. One individual described being moved from one motel to another because he had 'too much stuff'. An attempt was made to persuade him to store his items in a garage along with those of other people being accommodated in the motel, but he was concerned his things might 'walk'.

One person explained that there was no trouble in one motel where the owners were pretty strict. However, she believed that at least one motel may have been 'using the system' and double charging: "There is days where they charged the AOP and they charged me. She accused me of owing them money when I don't and she kept all my stuff and all my clothes and ... a worker from Social Futures has tried to get it back and all she gave back was my teddy bear". (THC7)

Variable service

For some who were housed early in the life of AOP in Tweed, the program had not worked well. One person complained that because she was 'early' she did not receive a pack to settle in and did not have assistance with anything, "I got a house really quick, like I got it in three weeks. To start with I had another worker with Social Futures, but then it changed". (THC7) Her view was that her new case worker at North Coast Housing "doesn't listen". She described meetings all the time, "but they don't do anything". She believed the meetings were "to get things ticked off, and that we have all these meetings but they never do what they say they are going to do". (THC7) She had observed other people "hang on to them to get outcomes ... but I am not well enough to hound people to get

what I should". Other people were given vouchers, bikes, ongoing furniture and vouchers, but her feeling is that if you were not well enough to continue pushing for support, that you were missed.

Most of the AOP participants sang the praises of the AOP staff they encountered, regarding them as respectful and helpful. However, one recently housed person did not complain about her own experience, but felt that the Blue Bus staff sometimes lacked sensitivity, explaining:

... they were pretty fair with me but they can be a bit arrogant and jerks. I have heard them talking about other people. I have heard them laughing. Like there is a lady who doesn't want any help and that is fair enough. I was walking around and saw them all in the park and there is a lady who sleeps on the street and her hair is like a beaver tail. She swims ... and people have threatened to set her on fire and that. ... they try and engage with her and they sort of laughed about it and stuff. But it is not funny. Like, it's not funny you don't know, like, anyone and what has gone on in anyone's life and anyone's problems, and what does it affect you? Like, half these people that have threatened to set her on fire and stuff, like, they are just drug addicts and maybe they need to look at themselves [sic.]. And, she doesn't hurt anyone, she just sits there; she doesn't do anything. But, people just seem to have a problem with her and just they laughed about her the and way they said like they'd get the newbies to go and try to engage with her.... It was the people doing the walk with the Blue Van and they just thought it was a big joke. I thought like, she has got her own reasons for not engaging, but it doesn't give you the right to demean anyone and laugh at them. (TCH7)

Inappropriate housing

A few individuals believe they have been inappropriately housed. One explained that she needs regular medical appointments and attending by bus regularly cost \$50 a fortnight. This was too expensive for her. Thus, the property doesn't work in terms of its location and she has been bullied by other residents in the complex. A lease was signed for a private rental, organised through North Coast Housing. She had gone to North Coast housing to ask them to address these issues, but simply doesn't hear from them.

The AOP and DCJ – Housing process was not working well for women with dependent children. As one explained of her circumstances:

So, I was engaged with services and so, for about six months, I was saying to them I feel like I am in danger where I am, but I can't leave because then I would be homeless. And they would say you can't be homeless because then if you are that is a reason to remove your child. I am like, but if I stay in this situation then I am putting myself in a domestic violence situation, because I wasn't living with the perpetrator but he knew where I was living and was continuing to frequent my address. So, I had been involved with services for months and they were saying to me, we just don't have the resources to assist me. (THC19)

This person described her support worker from Momentum Collective as 'amazing', but herself as "really distressed" because "... every time I would come in, she would know that I was not OK, but she would say there is just no resources, there is no housing, there is nowhere to put you, no room in refuges, there is no supported housing, there is just nothing". (THC19). This mother found herself facing a cruel choice and that the services she had reached out to could not provide her with assistance. In the end, she demonstrated considerable initiative:

I actually called my ex-partner from many, many years ago, so I am talking like twenty years ago, and I asked if I could stay at his place for the night because I didn't have anywhere else to go, and he said that was fine. And when I got to his place, I just googled refuges ... and surprisingly a phone number came up, because normally refuges are private and you have to go through hoops and then you are lucky if you get in. I rang the refuge in ... and basically told them my situation and they paid for a bus ticket for the very next day and offered me hotel accommodation until there was room in the refuge. So, I was in the hotel for a week, then I stayed in the refuge for two weeks and then I went looking for housing and found one and was approved. (THC19)

So, although failed by the AOP and the services in Tweed, this mother, fearful of losing her child, showed tremendous resourcefulness and resilience and relocated to a town many hundreds of kilometres away. There she accessed support from a women's refuge and sought private rental accommodation in a town where rents are not as prohibitive as they are in the Tweed area. Life was still not easy though, as the climate is comparatively cold and has necessitated purchase of additional clothing and bedding, set up costs for her home have been beyond her means, and the financial struggle means:

I have had a lot of difficulty with just being. Because I have been homeless for so long and because I have been here, there and everywhere and like, you know, driving around ... I feel that just to be is lost. And if you add trauma to that, that makes it even more difficult because you are left to sit with your trauma and to relearn how to live everyday life again. (THC19)

Many AOP participants were happily housed, but observed that others weren't, thus:

Yeah, I know a few other guys, they seem to have put a lot of drug addicted and alcohol affected people into the same block of units, and I know one guy has been robbed twice, and he knows everybody in there, like they all know each other, and they are still stealing from each other. You know it, to me, it is just the drugs. You know they are just, I may be wrong, I don't know, but, if I was in a place like that I probably wouldn't feel safe because, it doesn't matter, like they are mates, and they are stealing from each other. You know? But, where I am, there are 80 and 90 year old people in there. There's four guys and eight ladies. And the ladies are really nice and the other three guys are excellent, you know? (THC18)

Housing was not available to all AOP participants in the local region. Several people expressed their unwillingness to go to Grafton, away from family and friends. As one person explained: "Like, they offered me a place in Grafton. I don't want to go to Grafton. My Mum is here. She doesn't have a car. Like, she relies on me nearly every day. I pop in and out. She does rely upon me." (THC15)

AOP STAFF IN THE TWEED

Throughout February and March 2021, sixteen interviews were initially conducted with staff working either directly for the Department of Community and Justice, the Assertive Outreach Pilot or for the allied service agencies which are funded to assist in program delivery. In June 2021, a further two interviews were conducted to seek further clarity about a number of issues and to see whether any changes in practice had occurred over the six-month period.

The delivery of the Assertive Outreach Pilot was more complex in Tweed than in Newcastle. The first point of contact with DCJ workers was through the travelling Blue Bus, which was set up with computer facilities and which the DCJ workers used as a mobile office. Some people had temporary

accommodation organised directly by these staff, who also referred people to Housing NSW and assisted them to prepare their applications.

Additional to the DCJ workers, the AOP was delivered in part through two funded organisations, Momentum Collective and Social Futures, who both employed staff to support the homelessness program. Momentum Collective employed up to five staff at any one time, and Social Futures engaged seven staff to assist in program delivery. The layers of organisations involved, along with the need to engage with Housing NSW, in part explains the complexity which people who engaged with the program found baffling. This also led to complexity in program delivery and accounted for some of the difficulties identified by the staff interviewed during the six months prior to July 2021.

A number of concerns were identified by staff in the allied services which work collaboratively to deliver the AOP. These are outlined below.

Shortcomings of the Assertive Outreach Pilot model in the Tweed

Historical program delivery

Although now largely historical, AOP was established in the region prior to the other funded services appointing staff to assist in delivering homelessness services. DCJ and AOP had a 'head start' and had entered into the outreach and engaging with people sleeping rough, with a full team of staff. Some staff of funded SHSs expressed the view:

Although we had some discussion about the collaborate approach and the fact that there should be a shared understanding of how we delivered the programs, Housing had a head start and the NSW Government had a head start, which had them more equal than others to some extent, so that has had an impact on collaborative practice. (THS11)

Additionally, it took agencies a couple of months to recruit staff, beyond the time when DCJ had started AOP work, "so practices had evolved and DCJ and the Housing NSW team were quite directive about how they saw the program being run". (THS11) The funded agencies felt they were playing 'catch up' in terms of becoming familiar with things because, by the time they were operational with new staff, an initial cohort of 10-15 were placed into temporary accommodation across three or four providers. Housing NSW was already doing Assertive Outreach on a regular basis and bringing new clients in.

Collaborative practice

The expectation of service agencies was that the funder would be more willing to take on the suggestions and advice of fundees to better the program, to be an evolving program which incorporated real time changes. The original intent was to engage in what staff called 'storming and norming', allowing the group of agencies involved in program delivery to find its own dynamic process. However, staff of SHSs observed the dynamic in which the funding had occurred worked against this. Some were of the view there was a need to set up a more structured process to ensure a truly collaborative process.

Some funded agency staff identified a need for greater collaboration concerning which individuals should be given priority for housing. An example was provided of a person who was struggling to overcome alcoholism and drug use, had a criminal history and was working with a service agency,

which was struggling to support the person to keep them out of gaol. The person had no sense of agency and was used to receiving handouts. They were placed inappropriately into an aged care residence by Housing NSW on recommendation of the AOP team, without input from the agency which had been supporting the person and best knew their history. Unfortunately, the individual began to deal from the home and upset the balance at the residence, causing distress amongst the other residents. The service agencies felt blamed for the social problems which arose.

This failure in collaborative practice was also described by another staff member who explained that allocation was often held up because all stakeholders had to agree on a person coming into the program, Health, the SHS and DCJ – Housing. Thus, “Now one person may disagree, and we have an escalation process now. But there was always one person that was disagreeing. So, we'd have three people agreeing and one person disagree. They were the one that controlled that process, so it wouldn't happen. That's what made it hard.” (THS14) By way of example:

... if we had someone that was in TA, and they rejected an offer of two houses, the housing, whether it be in the area or outside of the area, the decision was made, we're going to cut their TA. And if three people agree that no, that wasn't the right thing to do, we'd be putting them at risk, putting them back on the street. And we'd say, no, we're gonna keep you in TA, they wouldn't execute on that. So DCJ – Housing say well no we can't do that. It's our business as usual. And you'll need to, it's like, no, this is the program, this needs to happen. We've agreed on that. Just make sure we can extend the cost, we have a separate budget outside, we have a budget for the Assertive Outreach Pilot that is outside of the greater DCJ budget. So that was that. It's the pushback between the system ... the biggest problem I feel is having a funder as part of the project crew. It can't work! No one is to come into the program, unless it is agreed upon by all stakeholders – Health, SHS and DCJ – Housing. (THS14)

For another interviewee, simply put, “... we could work more closely together with greater communication between the agencies.” [THS6] Gaps were identified in getting DCJ, NGOs and NSW Health to come together and work as one multidisciplinary team. Key to improving this was seen to be better and clearer communication and “... perhaps more responsiveness in relation to emails regarding particular clients, and clearer communication in relation to policies and decisions made about clients, both about a decision and how they have come to that decision.” (THS6)

Differing organisational cultures and priorities

One staff member expressed the feeling that DCJ felt they were “more equal than others”. They explained that they thought this was “embedded within the power imbalance that comes between a funder and a funded service. ... there is a residual of that master servant relationship that sort of comes in and there are expectations that if Housing NSW makes requests or had requirements that a funded service should just respond and step into line so to speak. ... because of a very enculturated funder/fundee dynamic, but also the broader spectrum of a cultural heritage which fits with a government funded arrangement”. (THS11) The staff of the non-government agencies felt they were ‘tagging along’ rather than engaging in a shared assertive outreach format.

Another staff member of a funded agency commented on the difference culture of the government and non-government agencies. From her perspective, support was there for the AOP team, but:

... Social Futures and Momentum, we are very client focussed and what not but, you know, obviously coming from a government organisation it is a very different structure to a non-government organisation. ... I guess there is a little bit of a culture clash a little bit. Um, yeah so,

the support is still there within the team, but obviously structure wise it is a little bit sort of different. (THS2)

All agreed that DCJ is doing good work, and strongly supported continuation of AOP, but believe the culture described above distorts the capacity for funded agencies to enable AOP participants and to work together with DCJ in a shared model of practice. The perception was that there was no real congruence with the service principles around which funded agencies are supporting clients.

Assessment of people sleeping rough

In terms of which people were engaged by the AOP, there was considerable disquiet that staff of the funded agencies, who have a long history of engagement with people who are sleeping rough in the region, were not able to assess whether someone is sleeping rough and eligible for AOP assistance. From their perspective, there is little clarity about why the AOP team engages with some and not with others. One interviewee recounted watching the AOP team approach two people sleeping rough who were together. They went straight to a new client and placed them immediately into temporary accommodation, yet did not support the other in the same way. When asked why by a service agency who had been advocating for the other person for a long time, the response was that that person was already engaging with services. Those already in the system, often without good outcomes, were perceived as being left to 'bumble through', while those not previously engaged were picked up and offered support. Staff of funded agencies would like to be enabled to advise of clients who need AOP and to work collaboratively with the AOP team as equal partners, with a shared understanding as to how people will be selected for participation in the AOP.

Underrepresentation of women

Particular concern was expressed that women, particularly those with children, are not equally represented among those engaging with the AOP program. This in part relates to the definition of sleeping rough used by Housing NSW and the AOP team, which staff of funded agencies felt was too limited. Particularly contentious is the view that couch surfing is not considered to be sleeping rough. Similarly, those sleeping in a car on private property are not regarded as sleeping rough. One staff member explained that "women with children especially use other resources to ensure they are safe rather than rough sleeping out in the open or in a car parked in the street." (THS6) The belief is that there are high numbers of women experiencing homelessness, but they are not as visible because they are couch surfing or parking their car on private property. They are thus not included under the definition as sleeping rough, so are not considered priority for housing. Many staff of funded agencies regarded this as discriminatory because "that is mostly what women are going to do because they are more vulnerable on the streets". (THS3) However, they suggested that an AOP team member did not believe women were more vulnerable on the streets and didn't want to engage with that, so did not support service agencies doing an 'out of guidelines pick up'. Nor did they agree with their argument for inclusion of more women in the AOP by broadening the definition used to guide the program.

'Wrap around care' or housing first?

At heart, for some staff of funded services agencies, there is also discordance between the empowerment model of the funded agencies and the approach of Housing NSW. The latter engages

in Outreach, provides opportunity for people to go into Temporary Accommodation and then helps them into housing. To one staff member of a support agency, “this is not increasing agency and capacity to take on responsibility for their life outcomes ... it undermines the next step of how do we work with someone to take responsibility”. (THS11) The alternative view though is that, once people have the safety and security of a house to live in, and a permanent address, they are then better able to grapple with other life challenges. Certainly, this was evidenced in the experiences recounted by a number of people who were housed through the AOP. Once housed, they felt better able to deal with health challenges and generally felt more positive about the future and what they could aspire to, from the security of a home base.

Some service organisation staff urged the importance of providing ‘wrap around support’ for people, assisting them to access a range of service after carefully identifying their needs, as well as connecting them to family and community. This included ensuring those engaging with each individual were qualified to assess needs related to health, alcohol and drug addiction, NDIS packaging, domestic services and care. Equally important is the ability to get to know and build rapport with people so they are prepared to share of their needs and work towards enacting service support for themselves. This had long term value, for “If you just get someone into tenancy, you are not helping long term sustainability and success by not connecting them to the other parts”. (THS4) Some of those interviewed believed that being part of an interdisciplinary team within their organisation provided the great benefit of wider background skills and knowledge to better provide holistic support.

All SHS agency staff emphasised the importance of the wrap around approach to care, one emphasising that “... having NSW Health on board is awesome ... NSW Health are great at addressing health needs and there needs to be greater connection with other wrap around supports such as NDIS and other appropriate supports for each client”. (THS6) Gathering the evidence needed to submit applications for NDIS support can be very difficult for people who have experienced long term homelessness. NSW Health was seen as key in assisting in this. The wrap around approach provides direct links to support services whose staff, as NSW Health workers have been, become strong advocates for individuals in the program.

However, lack of resources was identified as a weakness of this approach. One staff member explained that a Homeless Health Outreach Team (HHOT) team had come on board recently. It was still “finding its feet” and “... prior to that there was a gap in support for people who were more complex or hard to deal with, a gap in their having community mental health support”. (THS6) Filling this gap was seen by case workers as vital. Waiting times for clinic at hospital and the inability to provide occupational therapy assessments for everyone who needed them, resulting from inadequate funding, were identified as limitations to the wrap around approach. Often there were gaps in continuity of service from support agencies as, at times, their funding ran out and they had to apply for further grants to support continued service provision.

Shared information base

Several staff emphasised the importance of having a shared information base related to individual clients and that this would assist across the services in providing them with holistic support. One person commented that DCJ has led in collecting notes and having an Xcel Spreadsheet. However, this is not really collective information as it has not been shared by Housing NSW as a collaborative resource. Sharing information of course raises privacy and consent issues in terms of how you share that information in an appropriate way. It was the contention of some staff that these issues have

not been dealt with and that, for Housing NSW, this may be a reason not to share the information. The introduction of a By Name List has the potential to eliminate silos of data storage, contributing to overcoming these communication barriers (see p. 62).

A number of staff members referred to communication issues with DCJ, particularly insufficient communication about decisions and the reasons. As one commented: “It definitely does feel hierarchical and when I entered the role my understanding was that we were a team together and there wasn’t a power difference between the teams. I do feel the difference with DCJ at the top and NGOS towards the bottom”. (THS6)

For some of those interviewed, there are strengths in having two specialist SHSs working together, bringing diversity in skills and approach to the program. Not having a shared work space was seen as disadvantageous; access to such a space would facilitate collaborative work and knowledge sharing. Currently, it takes a great deal of communication to make sure everyone is ‘up to speed’ on everything, which takes time. One SHS described taking the time to debrief at the end of each day, and to communicate at the start of each day, to ensure nothing gets lost in the process and that work processes are not doubled up.

Governance issues

While acknowledging that the Steering Committee, established in Tweed to support program delivery, represented an intent to establish collaborative practice, interviewees expressed uncertainty about the role of the Steering Committee and how it could hold its governance structure. As one explained “It has become a halfway house in terms of looking at operational issues and working through policies and governance issues and has lost its way in terms of the question: How do we keep that governance strong and keep the operations accountable?” (THC11)

Better governance and information sharing was seen as important to facilitate better understanding of DCJ policies and processes. Particularly, SHS staff pondered the relationship between the Link2home program and AOP. They described the former as available for people at risk of homelessness or having to sleep rough. They can present to DCJ in order to access accommodation for a few nights while they explore housing options. Staff of SHSs are concerned that some people are referred to Link2home initially when it may not be appropriate and that the different program options may be confusing to them. DCJ staff on the other hand, explained they gauge if a person can navigate Link2home themselves; if their circumstances are too complex and they are unable to navigate that process, then they are referred to the AOP. SHS staff believed better understanding of the interrelationship between these programs and eligibility requirements would assist all stakeholders. As one SHS staff member observed:

I think maybe having a better understanding of DCJs policies of why certain decisions are made because sometimes it seems they are not working in a trauma informed framework or taking a client centred approach or understanding that each person needs to be individually assessed. It is a Pilot, so maybe it is time now to look at some of those policies and how they are used and that guidelines or policies for Link2Home may not necessarily be the best fit for the AO program. (THS6)

All stakeholders agreed that AOP should be expanded; those with complex needs who can’t navigate Link2Home they should not be left to seek housing without the extensive support they need. AOP allows intensive case management and support for people to access the necessary services to assist them to settle into a home and to sustain their tenancy once there.

Resourcing

One staff member reported feeling "... very well supported by the contract managers and the management staff. It's just the amount of issues and how complex. The reporting from a program area is just getting more and more." (THS14) The staff member had responsibilities which included chairing meetings of a number of committees and associated reporting and felt that increasing complexity was resulting in a growing work load, thus "... there's all the internal issues within the operation team that we need to manage and escalate. And recently, ... we've had more and more issues, and more and more concerns. So that that the amount of time I spend is increased significantly." (THS14) Another interviewee was of the view that appointment of a neutral team leader, who was outside the funded service organisations, and could work full time to lead and manage all aspects of the program, would be able to coordinate work between the two funded service agencies, health service providers and with DCJ – Housing. Obviously, appointment of an external team leader would necessitate additional funding.

Another commented that resourcing to support an identified Aboriginal and Torres Strait Islander position would be helpful. Staff of one SHS had received cultural training; the organisation they work for places great emphasis on cultural awareness. Their team was regarded as diverse and as aiming to take a culturally appropriate approach. However, if there was an appropriate person on the team who may be able to engage better with Aboriginal AOP participants, they would refer on to them.

STRENGTHS OF THE AOP IN THE TWEED

Staff working for the AOP in SHS organisations felt well supported, with some referring to having great team leaders, and enjoying their work using a team based collaborative approach within a small team. The small teams meant they were close and able to support each other well. While this was an identified strength, some felt communication between organisations could be improved, as outlined previously, enabling various stakeholder organisations to work as one multidisciplinary team rather than as separate agencies, as was tending to be the case at the time of interview.

Responsive practice

Some staff identified that one of the strengths of the pilot has been the ability to change processes in a responsive way, as those involved in implementation of the AOP 'learnt by doing'. One person described this in action:

... we were having a number of breakdowns in regards to push back in the operations team meeting and, and with a lack of decision making. So that's why we separated into a team leaders' team. So, anything that was escalated from an ops team that they couldn't get consensus on as an operations team, it would go to the team leaders meeting for final discussion and to ratify the process forward from there. Now that worked initially and that has been good (THS14)

However, it was identified that the need for this responsiveness was in part generated by "... a lack of clear direction from the Steering Committee on processes to help the ops team function. So, things like when we go to the Steering Committee and say we need to get clarity on this, because it's so much a grey area. And if someone has a different opinion, it gives someone an out". (THS14)

One staff member described processes as:

... always being reviewed and questioned and there is definitely room for changes to be made and things raised are usually taken into consideration. We still have our operations meetings every week where we meet as a team and each team feels comfortable to raise issues and we can discuss change moving forward. (THS6)

For this staff member, responsive practice was demonstrated by a shift to allowing the NGO or SHS staff to join the patrols, where originally only DCJ staff participated in the patrols. This change was welcomed and the view was that diversity on patrols has been helpful.

Collaborative practice

Some staff interviewed spoke very positively of their relationship with other agencies in general. Particularly, the two non-government organisations described each other positively and spoke of a close collaborative working relationship. One described participating in what they called “Team bonding meet ups”, finding it very helpful to work with a diversity of case managers across the organisations who have different skill sets.

The collaborative approach also characterised work within the SHSs which operate with a team approach. One described their ‘clients’ as being familiar with all team members so that staff can slot in and out to support people if they are comfortable with that. This was seen as a strength, enabling staff to get more done in a quicker time frame without having to fit things into their personal calendar. This also “... allows for different perspectives and good problem solving as a team. It is a good strategy to prevent individual case worker burn out as well and makes sure each person is utilising their different strengths with different people.” (THS6) Where people have more complex needs though, it may be more appropriate for one case worker to work with them.

Success in interagency collaboration was not universal though, with one interviewee contrasting “less than helpful” NSW Police in Tweed with those in Coolangatta who were “super helpful” (THS6) Lack of understanding by NSW Police about the program and what case workers did was identified as an issue, with the comment that the NGO needed to engage in building rapport and communicating more effectively with NSW Police.

Staff and program participants sang the praises of Fred’s Place. Staff regarded it as a good meeting place, a positive site at which to meet up with people and to take outreach workers so they could engage with potential AOP participants. Case workers at Fred’s Place were repeatedly described, by various of those interviewed, as “awesome” and “really good” to work with.

While, overall, collaborative practice was seen as a strength of AOP, as identified previously, sometimes the relationship between DCJ and NGOs was less collaborative, thus “... it is good to have connection with DCJ, but I sometimes feel like it is us and them.” On the other hand, NSW Health was described as “awesome”. (THS6)

One recommendation provided by a number of the staff interviewed was the need to establish a better team culture between the different agencies; working altogether in one place. Creating a new process to establish a stronger shared culture between agencies was seen as important for the ongoing success of the AOP.

Positive outcomes

When asked what was most positive about the AOP, staff described feedback from those who have engaged with the program thus: “they can’t believe how much their life has changed since engaging with the program. Mostly the feedback is great.” (THS6)

Those staff interviewed could all provide examples of successful placements. One very positive placement provided a home for a person who slept in his car for a number of years in the Tweed area; he is now happily living a seniors’ complex in the local area. He was described by more than one staff member as loving the unit allocated to him, that he has made the place his own and, with a secure base, has connected with his children and grandchildren. Being settled allowed him to connect with a GP and My Aged Care and there have been no issues with the tenancy.

Outcomes are not always so positive though. Some people who are now in tenancies have arguments with neighbours or experience anti-social behaviour. Staff are aware that some of these people give negative feedback about DCJ and DCJ – Housing. However, staff from these departments are having to delivering the warnings – they have to play good cop/bad cop as they have to enforce action in relation to the complaints they receive. No matter how much DCJ and DCJ – Housing staff try to support people in this situation, sometimes the relationship between the ‘clients’ and housing becomes jaded.

Staff interviewed were of the view that, throughout the community of people sleeping rough, everyone is aware of the AOP, everyone knows the Blue Bus and people are pretty eager to engage with it. Staff working in delivery of the AOP believed there is a perception that AOP staff and SHSs funded to assist in implementation of the pilot are regarded as privileged, having more access to housing stock than other programs or services, being well funded and therefore better able to provide housing to more people.

CONCLUSION AND RECOMMENDATIONS

There is no doubt in the view of the evaluators that the Assertive Outreach Pilot is a vital program. It has proved to be life-saving and life-changing for many of those who have been fortunate to have engaged with the AOP and, as a result of that engagement, have been able to settle in to permanent housing. Many are profoundly grateful for the myriad benefits and opportunities that having a house to live in affords them – safety and security, somewhere dry to sleep at night, a sense of belonging, roots into their community, a space to call their own. Having a secure base affords a stable home address. This facilitates engagement with health and other services, improved health and well-being and, profoundly important, reconnection with family and friends. For some, having a place to call home, sometimes for the first time in their life, has stimulated renewed enthusiasm for life and all it offers. A number have embraced study, are thinking about new employment or income earning opportunities, using creative talents, or joining community groups. Perhaps most importantly, people have a renewed sense of self-worth, of human dignity. Above all, they have hope, hope for a brighter future.

Like all programs newly rolled out, the AOP has not been without ‘teething problems’. This was, perhaps, inevitable as the program established its niche within a complex environment of multiple government departments and SHSs, all of which engage with the individuals the AOP seeks to serve. In the Newcastle context, a simpler operational structure meant some of the complexities associated with multiple layers of organisational engagement with the AOP were less apparent than they were

in the Tweed region. However, the strong relationship of the AOP in Newcastle with only one SHS, which works exclusively with men, limited the reach of the AOP in that locale.

Overall, though, across both geographical locations, the AOP proved successful for the majority of program participants. Yet, there are still major concerns to be addressed. In particular, these relate to: the limitations posed by the definition of sleeping rough used to determine priority in the AOP, housing shortages in each region, the appropriateness of housing allocated in relation to individual needs and the unsustainability of some tenancies. In addition, given the complexity of relationships between the multiple organisations which connect with the program, often operating from different cultural bases, greater attention needs to be given to how best to effect a truly collaborative, interagency, multidisciplinary team approach to working with vulnerable persons. This is vitally important to reduce confusion and to ensure ongoing trust with the people the AOP seeks to serve.

Despite some difficulties, the implementation of the AOP provided a learning opportunity, an opportunity for reflective practice about what works and what doesn't. It is clear that, throughout the delivery period to date, among those staff involved in program delivery, the desire to improve outcomes for those the program seeks to serve was, and continues to be, strong. In response to learnings throughout the life of the AOP, processes and practices were discussed and, at times, improved.

Temporary accommodation did not suit all people and some tenancies have failed. However, the successes of the AOP are many. In light of this, the researchers urge the continuation and expansion of this important program which has the potential to continue to profoundly impact and improve the lives of some of the most vulnerable in our society.

The following recommendations are made with the intent of contributing to a continuation of a more robust program, better able to support individual needs, resulting in more sustainable outcomes for more people. Greater emphasis on person-centred practice is at the heart of the recommendations which follow.

Recommendations

Definition of people sleeping rough

- That a universal state-wide definition of rough sleepers be agreed to and adopted to avoid misunderstandings, misinterpretation and confusion across all sectors and stakeholders.
- That priority consideration to be given to supporting women with children leaving domestic violence, even though they may not be 'sleeping rough' according to the existing definition.

Health

- That partnerships be established between contracted Assertive Outreach providers and mental health clinicians/practitioners with a focus on aftercare wellbeing programs and on reducing long term housing placement risk.
- That the Assertive Outreach program in Newcastle not use contracted paramedics and engage a full-time registered nurse (RN).
- That a Homeless Health Outreach Team be engaged in the Newcastle region replicating that service in the Tweed program.

- That pathways are developed into public and private alcohol, drug detox and rehabilitation facilities (inclusive of gambling and other addictions) with the aim of better preparing people for transition into permanent housing and reducing possible long-term placement risk.
- That fit for purpose packages be provided by NDIS and offered to participants receiving Disability Support Pensions to assist in their integration into community.

Triage tools

- That the VI-SPDAT be implemented across current and future iterations of the Assertive Outreach program, establishing a priority of housing needs.
- That users of the VI-SPDAT tool be adequately trained in its use and the data collection (informal information gathering) for this tool be conducive to each individual and not be hurried, coerced or time pressured.
- That the By Name List (BNL) be incorporated into all outreach case work for the Assertive Outreach and service providers working with at risk or vulnerable people.

Staff and Resourcing

- That more input from caseworkers concerning the well-being and housing placements of clients take priority over administrative decisions by departmental bureaucracy, reducing the potential for people being inappropriately housed.
- That caseworkers and Team Leaders have more versatility and discretion in decision-making authority in relation to a person's suitability for (or to remain in) the program given their proximity to the client's real time understandings of 'on the ground' circumstances.
- That Assertive Outreach caseworkers be dedicated to working with clients and administrative personnel be engaged for administrative work.
- That a specialist liaison person/people be engaged to advocate for the development of pathways into agencies such as Centrelink and the Department of Justice, and to advocate for tertiary educators to focus on the benefits of identification of at-risk people and of early intervention.
- That individualised storage allowances be available for people in TA to store goods while waiting housing.

Geographical

- That, in geographical areas where there is more than one organisation contracted to provide outreach services for the Assertive Outreach Pilot, project personnel be located in one office to better communicate and coordinate casework activities.
- That in geographical areas where there is more than one organisation contracted to support the transition of people sleeping rough into permanent housing, a position independent of the funding body, government departments and other agencies be established to take carriage of that districts Assertive Outreach Pilot (or program).
- That in geographical areas where there are more than one SHS, the funding body and DCJ housing defer to the specialist SHS caseworkers and have minimal input into decisions concerning client outcomes.

Housing

- That the Department of Communities and Justice Housing notify and provide access to the housing stock availability to Assertive Outreach Team Leaders, facilitating optimal placement options.
- That trained caseworkers have the final decision in housing placements.
- That caseworkers be responsible for all housing inspections or client visits after placements.

Assertive Outreach Expansion

- That the Assertive Outreach Pilot be expanded and adopted as a New South Wales wide program with budgeting as an ongoing funded program.
- That inter-district biannual meetings are established for key stakeholders – providing opportunities for cross pollination of ideas and critiquing of practices facilitating the development of a culture of best practice.
- That women’s refuges and other not for profit homeless shelters be included as validated sources of local knowledge of homelessness and used as referral centres.
- That regional homelessness centres, such as Fred’s Place in Tweed Heads, Pete’s Place in Coffs Harbour and the Matthew Talbot in Newcastle, have engagement with caseworkers with the AO programs as it expands.

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APPENDIX 1

Guiding questions for the research with AOP program participants.

Evaluation of Client Experience

1. How are people experiencing street sleeping engaged across AOP?
2. What was the experience of people grappling with mental health issues and drug and alcohol dependence?
3. What were the barriers to engaging with the AOP service?
4. What was their experience after receiving support from AOP?
5. How is AOP regarded by Aboriginal clients – is it culturally appropriate?
6. Does it recognise their specific needs and barriers to engagement with services?
7. What works and doesn't work from the perspective of people who are sleeping rough and those engaged with AOP who have been offered temporary accommodation or housing?
8. What is the client experience relating to case co-ordination with multiple AOP services?
9. Were case plans developed collaboratively with clients? What is their experience of AOP service coordination with other support services?
10. Is there continuity of care?
11. How is this handled across the AOP delivery stages?
12. What service improvements could be made in each AOP delivery stage to improve the client experience?
13. How did the initial temporary accommodation help the client into housing?
14. What are the factors to consider for expansion or scaling up of the AOP?

Evaluation of Client Outcomes

15. How do clients fare after engaging with AOP services?
16. How do they differ in their trajectory from people sleeping rough who are not engaged with AOP services?
17. What leads to clients disengaging from AOP?
18. Did clients achieve their case plan goals?
19. Did the clients see improvements in their physical, social and mental health and well being after engaging with AOP services?

20. Was there an increased sense of control and confidence to self-manage physical and mental health needs and substance/alcohol use?
21. Did clients feel safe and secure after entering temporary and/or permanent accommodation/housing?
22. For clients in more permanent accommodation/tenancies, do they feel more independent in their living situation as a result of AOP support?
23. Did clients see benefits following AOP support relating to engagement with family, cultural, social and work connections?
24. What improvements could be made in the AOP model/service delivery to improve client outcomes?

Guiding Questions for interviews with AOP staff

Talk to me about:

Team member

1. the role you are engaged in for the AO program.
2. how well supported you are and if you have access to the resources/services you need to best assist those in the housing program.

Talk to me about:

Service provider/agency

3. if you think you and your agency have enough resources to provide for the services you are expected to provide to each client – if not, what would you like to see happen?
4. the other agencies you personally interact with and the effectiveness of those interactions.
5. the interagency approach and its advantages or disadvantages in helping you to meet the requirements and expectations of clients.
6. how you believe the interaction/collaboration between agencies has changed since the AO program commenced.
7. whether you think the interagency process could be streamlined and if so, how? (An optimum mix of resources).
8. about staff and cultures engaged in the AO program.
9. the extent actors/agencies are making changes to their processes as it relates to the goals of the program.
10. the feedback from clients about the service providers.

Talk to me about:

11. the impact the contributions from DCJ Housing has made to the efficiency and outcomes for your agency.
12. the impact the engagement of Local Health Department has made to the efficiency and outcomes for clients and your agency.
13. the ways you think is the impact of the different contributions of DCJ and the LHD has had on the clients.
14. the extent, and ways the Assertive Outreach influenced the services (e.g. improved collaboration between agencies) to streamline access to help and service delivery for rough sleepers.
15. the impact on the client of the housing register waitlist.
16. What factors should be considered in scaling up or expansion of future Assertive Outreach programs to different locations?

Talk to me about:

17. the extent and ways the initiative taps into the strengths and assets of the communities.
18. challenges associated with out of area housing and after care.
19. what is working well, what isn't working well and for whom.
20. improvements which could be made to improve the outcomes.